Revised Date:

10/01/2014

Effective Date:

04/01/2015

Ana Deslongchamps,

Unit Associate Director

Frank Stout

Assoc Dean/Asst VP, Finance and Administration

Steven M. Wagner,

MPIP Managing Director

Department: BAC-Billing and Collections

TITLE: Medicare/Medicare Managed Care/Railroad Collections

Policy#: BAC 1

Policy: The purpose of this policy is to outline the procedure for billing and collection of services provided to Medicare recipients. TTUHSC files electronic claims daily on behalf of individuals covered by Medicare, and bills patients for any outstanding co-payments, co-insurance, or non-covered services. Paperless Collection System (PCS) workfiles are utilized to identify invoices remaining for 30 days requiring follow-up and to identify denied claims requiring review for appeal. The business office researches any information to adjudicate claims and requests assistance from departments as needed.

- Medicare payers are billed for services where Medicare eligibility has been verified. Where eligibility cannot be verified, the patient is classified as self-pay. Medicare recipients are responsible for annual deductibles, co-payments, and/or co-insurances based on the allowable fees approved by Medicare. All patient-responsible balances bill to the patient after the claim has been adjudicated.
- 2) Medicare claims bill daily and electronically to Novitas Solutions, Inc. and Railroad Medicare claims bill to Palmetto GBA, both having a 365-day filing deadline. Medicare Managed Care plans, including but not limited to Aetna, Amerigroup, Care Improvement Plus, Care 1st Health Plan, Humana, Molina, United HealthCare, Wellcare and Wellmed, have filing deadlines ranging from 90 to 365 days from the date of service.
- Designated employees review and correct all rejections found on the daily claims edit list located on the MPIP Shared Drive under MPIP Reference/Edit List. Rejections are caused by missing insurance information, invalid place of service, missing diagnosis, FSC mismatch, provider non-participation, etc. MPIP employees work with department certified coders to resolve coding issues and report excessive and/or unusual rejection issues to the billing and collections supervisor or manager. Claim edits are resolved within 3 business days.
- 4) Designated employees review and correct all rejections found on the daily GE eCommerce EDI claims portal, which may be accessed at https://edi.idxasp.com/ecttuweb/Login.action. Rejections are caused by missing or invalid insurance information, place of service, diagnosis, provider non-participation, etc. MPIP employees work with department certified coders to

- resolve any coding issues and report any excessive and/or unusual rejection issues to the billing and collections supervisor or manager. Claim edits are resolved within 3 business days.
- Designated employees review the assigned PCS daily workfiles and follow-up invoices that remain for 15 days. Follow-up is performed using provider portals when available and by telephone. Follow-up may include verification and update insurance eligibility and re-queuing of claims.
- Designated employees review assigned PCS daily workfiles and research denied claims requiring appeal. The employee determines reasons for the denial and performs necessary actions to correct or appeal the claims, including corresponding with MPIP or department certified coders for review of proper coding and/or billing guidelines, obtaining medical records, and communicating with claim department personnel. Claims are appealed online when possible, followed by telephone and written appeals. The appeal deadlines range from 30 to 120 days from the denial date noted on the latest explanation of benefits.
- A minimum of 55 workfile accounts are processed on a daily basis. After claims have been appealed, a 30-day tickler placed on the invoice alerts the designated employee of payer non-response. Status of the appeal is reviewed primarily online, followed by telephone call to the payer's claims department. An online Appeal Status Tool offered by Novitas Solutions, Inc. may be accessed at https://appealsstatustool.novitas-solutions.com/webpws/.
- 8) Charges determined after adjudication to be patient responsibility, which may include deductibles, co-insurance, co-payments, benefit maximums, or non-covered or ineligible services, are billed to secondary or tertiary payers when applicable or billed to the patient. Charges that have not been assigned as patient responsibility are billed to the patient only if a completed and signed Advanced Beneficiary Notice (ABN) is on file for that specific service.

- 1) Medical Billing Associate (MBA) 1: Medicare and Railroad Medicare claim edits, EDI rejections, correspondence, follow-up, and appeals.
- 2) Senior MBA 1 and 2: Medicare Managed Care claim edits, EDI rejections, correspondence, follow-up, and appeals.

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Ana Deslongchamps

Unit Associate Director

Frank Stout

Assoc Dean/Asst VP, Finance and Administration

Steven M. Wagner,

MPIP Managing Director

Department: BAC-Billing and Collections

TITLE: US Marshals Service

Policy#: BAC 2

Policy: The purpose of this policy is to outline the procedure for billing and collection of services provided to US Marshals Service inmates. TTUHSC submits paper claims daily on behalf of individuals covered and under custody of US Marshals Service FSC 174, and bills patients for any outstanding co-payments, co-insurance, or non-covered services. Paperless Collection System (PCS) workfiles are utilized to identify invoices remaining for 30 days requiring follow-up and to identify denied claims requiring review for appeal. The business office researches any information to adjudicate claims and requests assistance from departments as needed.

- US Marshals Service claims are billed for services where eligibility and custody is verified. Where eligibility and custody cannot be verified, the patient is classified as self-pay. All patient-responsible balances bill to the patient after the claim has been adjudicated. Verification by US Marshals is performed by calling or emailing: Minerva Mercado at 915-534-5013 or Minerva.Mercado@usdoj.gov, Maria Fuentes at 915-534-5010 or Maria.Fuentes@usdoj.gov or Adrian Aranda (Supervisor) at 915-534-5062 or Adrian.Aranda@usdoj.gov All emails sent outside of Texas Tech must be sent secured [SEND SECURE].
- US Marshals Service paper claims are billed daily with the 237 form (see attached example) obtained from EMR when the inmate is seen in TTUHSC clinics; 237 forms for hospital care are obtained from Mona Pacheco at 215-546-2228 or by email at r.pacheco@epcounty.com. US Marshals Service does not have a filing deadline.
- Designated employees review and correct all rejections found on the daily claims edit list, which is located on the Shared drive under MPIP Reference/Edit List. Rejections are caused by missing or invalid insurance information, place of service, diagnosis, FSC mismatch, provider non-participation, etc. MPIP employees work with department certified coders to resolve any coding issues and report any excessive and/or unusual rejection issues to the billing and collections supervisor or manager. Claim edits are resolved within 3 business days.

- Designated employees review the assigned PCS daily workfiles and follow-up invoices that remain for 30 days. Follow-up is performed by telephone by contacting the persons mentioned in 1). Follow-up may include verification and update of insurance eligibility and re-queuing of claims.
- MPIP designated employees review assigned PCS daily workfiles and research denied claims requiring appeal. The employee determines reasons for denial and performs necessary actions to correct or appeal the claims, including corresponding with MPIP or department certified coders for review of proper coding and/or billing guidelines, obtaining medical records, and communicating with claim department personnel. Claims are appealed online when possible, followed by telephone and written appeals. The appeal deadline is one year from the denial date noted on the latest explanation of benefits.
- A minimum of 55 workfile accounts are processed on a daily basis. After claims have been appealed, a 30-day tickler placed on the invoice alerts employee of payer non-response. Status of the appeal is reviewed online, followed by telephone call to the payer's claims department.
- 7) Charges determined after adjudication to be patient responsibility, including patient not in custody, unable to identify arresting agency, non-covered or ineligible services, are billed to secondary or tertiary payers when applicable or billed to the patient.

- 1) Medical Billing Associates (MBA)
- 2) Student Assistant 1: EDI rejections.

UNITED STATES MARSHALS SERVICE DISTRICT OF EI Paso te(qis)534-6779 fax(qis)534-6777



PRISONER MEDICAL REQUEST (Draft for Pilot) TO BE COMPLETED BY DETENTION FACILITY AND USAS DISTRICT OFFICE (as applicable): NON-EMERGENCIES: Prior to seeking outside medical accention for a prisoner, complete form and fae to US Direct Office at tax number above. USMS will notify you of approval or derital of the request. EMERGENCIES: obtain treatment and notify USMS -- -- no notable, and fas this form within 24 hrs. Private Insurance: YES NOW If yes, Provider Name Detention Facility: Contact Person: __ X 130 Telephone No.: 575 8244 884 Date & Time USMS Notified of Request: Description of Requested Services with Justification: Attach Medical or Dental Hotes to Support Request or note below Il Court-ordered. USMS Prisoner Health Care Standards can be found at http://www.usmaribats.gov/ordsoner/standards.htm medication, indicate quaptity and page of drest Generic medications should be used when available. WILL UP @ Ortho 10 Of sile applprovider **፲**፱፻ጉ applicat Urgancy of Regulast: Emergency [Urgant (< 2 whs]] Facility/Hospital/Pharmacy providing service: MC. Health Care Provider providing service: Appt. Date: NOTE: By law, USMS may only pay Medicare rates or less Estimated Cost \$ TO BE COMPLETED BY USMS DISTRICT OFFICE: Medical Request is Approved[] District Representative Signatus Deputies Handling Prisoner: Funds obligated: \$ _ Obligation #: Pald by Government Credit Card: Check: Other: (specify: TO BE COMPLETED BY USMS OFFICE OF INTERACENCY MEDICAL SERVICES (OIMS): OIMS REVIEW: Approved: Denled: Pending (additional information required):

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10/01/2014

Effective Date:

04/01/2015

Ana Deslongchamps,

Unit Associate Director

Frank Stout

Assoc Dean/Asst VP, Finance and Administration

Steven M. Wagner,

MPIP Managing Director

Department: BAC-Billing and Collections

TITLE: Children's Health Insurance Plan (CHIP)/CHIP Perinate Collections

Policy#: BAC 3

Policy: The purpose of this policy is to outline the procedure for collection of services provided to Children's Health Insurance Plan (CHIP) and CHIP Perinate recipients. TTUHSC files electronic claims daily on behalf of individuals covered by CHIP and bills patients for any outstanding co-payments, co-insurance, or non-covered services. The patient is billed for non-covered services after the claim has been processed and a waiver signed by the patient was obtained (instructions attached). Paperless Collection System (PCS) workfiles are utilized to identify invoices remaining for 30 days requiring follow-up and to identify denied claims requiring review for appeal. The business office researches any information to adjudicate claims and requests assistance from departments as needed.

- 1) CHIP payers are billed for services where eligibility is verified. Where eligibility cannot be verified, the patient is classified as self-pay. CHIP recipients are responsible for co-payments; all patient-responsible balances bill to the patient after adjudication if the amount was not collected at the clinic front desk.
- 2) CHIP claims bill daily and electronically to El Paso First and Superior Health Plans; the filing deadline is 95 days from the date of service.
- Designated employees review and correct all rejections found on the daily claims edit list located on the MPIP Shared Drive under MPIP Reference/Edit List. Rejections are caused by missing insurance information, invalid place of service, missing diagnosis, FSC mismatch, provider non-participation, etc. MPIP employees work with department certified coders to resolve coding issues and report excessive and/or unusual rejection issues to the billing and collections supervisor or manager. Claim edits are resolved within 3 business days.
- Designated employees review and correct all rejections found on the daily GE eCommerce EDI claims portal, which may be accessed at https://edi.idxasp.com/ecttuweb/Login.action. Rejections are caused by missing or invalid insurance information, place of service, diagnosis, provider non-participation, etc. MPIP employees will work with department certified coders to resolve any coding issues and report any excessive and/or unusual rejection issues to the billing and collections supervisor or manager. Claim edits are resolved within 3 business days.

- Designated employees review the assigned PCS daily workfiles and follow-up invoices that remain outstanding for 15 days, excluding invoices for the Pediatrics department. Follow-up is performed using provider portals when available and by telephone. Follow-up may include verification and update of insurance eligibility and re-queuing of claims.
- Designated employees review assigned PCS daily workfiles and research denied claims requiring appeal. The employee determines reasons for the denial and performs necessary actions to correct or appeal the claims, including corresponding with MPIP or department certified coders for review of proper coding and/or billing guidelines, obtaining medical records, and communicating with claim department personnel. Claims are appealed online when possible, followed by telephone and written appeals. The appeal deadline for CHIP claims is 120 days from the denial date noted on the latest explanation of benefits. Charges for services provided by non-covered providers or non-covered services in which there is no waiver on file are e submitted to the billing manager on an adjustment request form (Form A).
- 7) A minimum of 55 workfile accounts are processed on a daily basis. Status of the appeal is reviewed online within 30 days, followed by telephone call to the payer's claims department.
- 8) Charges determined after adjudication to be patient responsibility, including deductibles, coinsurance, co-payments, benefit maximums, or non-covered or ineligible services are billed to secondary or tertiary payers when applicable or billed to the patient.

- 1) Senior Medical Billing Associate (MBA) 1: claim edits, EDI rejections, correspondence, followup, and appeals.
- 2) Senior Business Assistants 1: claim edits, EDI rejections, correspondence, and follow-up.

TMHP P.O. Box 200555 Austin, Texas 78720-0555

Cost Sharing Schedule:

For CHIP Perinatal there is no cost sharing schedule that is applicable.

No Co-Payments for CHIP Perinatal members and/or CHIP Perinatal Newborn members. Co-payments do not apply to CHIP Perinatal

BILLING MEMBERS

· Co-payment

Provider understands and agrees that Provider is responsible for collecting at the time of the service any applicable co-payments, given the limitations on those co-payments. Co-payments are the only amounts that a Provider may collect from Members.

- Non-Covered Services
 Providers must inform Members of the costs for non-covered services prior to rendering such services and must obtain a signed acknowledgement statement from the Member.
- Balance Billing
 Providers agree to accept payment made by El Paso First as payment in full. The member cannot be held liable for any balance related to covered services.

Member Acknowledgement Statement

A provider may only bill a member when the member has signed the Member Acknowledgement Statement and the following conditions are met:

- A claim is denied as not being medically necessary
- A claim is denied as part of a non-covered service,
- · The service is provided at the request of the client

Example of a Member Acknowledgment Statement:

"I understand that, in the opinion of (provider's name), the services or items that I have requested to be provided to me on (dates of service) may not be covered under the (Program Name) as being reasonable and medically necessary for my care. I understand that El Paso First determines the medical necessity of the services or items that I request and receive. I also understand that I am responsible for payment of the services or items I

Last Revision: 01-13-12

request and receive if these services or items are determined not to be reasonable and medically necessary for my care."

Private Pay Form

If the provider accepts the member as a private pay patient and informs the member at the time of service that the member will be responsible for paying for all services, the provider may bill the member. In this situation, it is recommended that the provider use a Private Pay Form. It is suggested that the provider use the Member Acknowledgement Statement provided above as the Private Pay Form. Without written, signed documentation that the member has been properly notified of their private pay status, the provider cannot ask for payment from a member. The Private Pay Form can be found as ATTACHMENT 21(pg. 242) of this manual.

SSI Claims

El Paso First is not responsible for processing claims for members with Supplemental Security Income (SSI).

- Prior authorization request (if necessary) for SSI clients of any age who are enrolled in El Paso First STAR Premier program must be submitted to El Paso First utilization review department prior to rendering services.
- Claims for El Paso First SSI members should be submitted directly to Texas
 Medicaid Health & Partnership (TMHP). If a claim for an SSI client is sent to El
 Paso First, the claims will be denied with the following denial reason:

Claim not covered by this payer/contractor.

D0000 You must send the claim to the correct payer/contractor.

RESOURCES FOR CLAIMS STATUS

Provider Care Unit (PCU)

The PCU department is a subsection of the claims department developed to assist providers with claims inquires. The PCU department can be reached at 915-532-3778 or 1-877-532-3778. When calling you will reach a Claims Specialist who can assist you with:

- Claim status
- · Answers to claim questions
- Answers to electronic claims submission rejections or questions
- Resolving claims

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Ana Deslongchamps,

Unit Associate Director

Frank Stout

Assoc Dean/Asst VP, Finance and Administration

Steven M. Wagner

MPIP Managing Director

Department: BAC-Billing and Collections

TITLE: Commercial Insurance Collections

Policy#: BAC 4

Policy: The purpose of this policy is to outline the procedure for billing and collection of services provided to commercial insurance recipients. TTUHSC files electronic claims daily on behalf of individuals covered by commercial insurances and bills patients for any outstanding co-payments, coinsurance, or non-covered services. Paperless Collection System (PCS) workfiles are utilized to identify invoices remaining for 30 days requiring follow-up and to identify denied claims requiring review for appeal. The business office researches any information to adjudicate claims and requests assistance from departments as needed.

- Commercial payers are billed for services where eligibility has been verified. Where eligibility cannot be verified, the patient is classified as self-pay. Recipients are responsible for annual deductibles, co-payments, and/or co-insurances based on the allowable fees approved by the plan. All patient-responsible balances bill to the patient after the claim has been adjudicated.
- 2) Commercial claims bill daily and electronically to plans with EDI connectivity and on paper claims for plans without connectivity. The filing deadlines range from 90 to 365 days from the date of service.
- Designated employees review and correct all rejections found on the daily claims edit list located on the MPIP Shared Drive under MPIP Reference/Edit List. Rejections are caused by missing insurance information, invalid place of service, missing diagnosis, FSC mismatch, provider non-participation, etc. MPIP employees work with department certified coders to resolve coding issues and report excessive and/or unusual rejection issues to the billing and collections supervisor or manager. Claim edits are resolved within 3 business days.
- Designated employees review and correct all rejections found on the daily GE eCommerce EDI claims portal, which may be accessed at https://edi.idxasp.com/ecttuweb/Login.action. Rejections are caused by missing or invalid insurance information, place of service, diagnosis, provider non-participation, etc. MPIP employees work with department certified coders to resolve any coding issues and report any excessive and/or unusual rejection issues to the billing and collections supervisor or manager. Claim edits are resolved within 3 business days.

- Designated employees review the assigned PCS daily workfiles and follow-up invoices that remain for 15 days. Follow-up is performed using provider portals when available and by telephone. Follow-up may include verification and update insurance eligibility and re-queuing of claims.
- Designated employees review assigned PCS daily workfiles and research denied claims requiring appeal. The employee determines reasons for the denial and performs necessary actions to correct or appeal the claims, including corresponding with MPIP or department certified coders for review of proper coding and/or billing guidelines, obtaining medical records, and communicating with claim department personnel. Claims are appealed online when possible, followed by telephone and written appeals. The appeal deadlines range from 30 to 120 days from the denial date noted on the latest explanation of benefits.
- A minimum of 55 workfile accounts are processed on a daily basis. After claims have been appealed, a 30-day tickler placed on the invoice alerts the designated employee of payer non-response. Status of the appeal is reviewed online, followed by telephone call to the payer's claims department.
- 8) Charges determined after adjudication to be patient responsibility, including deductibles, coinsurance, co-payments, benefit maximums, or non-covered or ineligible services are billed to secondary or tertiary payers when applicable or billed to the patient.

- 1) Medical Billing Associates (MBA) 1-3, Senior MBA 1, and Senior Business Assistants 1- 3: claim edits, EDI rejections, correspondence, follow-up, and appeals.
- 2) Student Assistant 1: EDI rejections.

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10/01/2014

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04/01/2015

Ana Deslongchamps,

Unit Associate Director

Frank Stout

Assoc Dean/Asst VP, Finance and Administration

Steven M. Wagner

MPIP Managing Director

Department: BAC-Billing and Collections

TITLE: Immigration/Customs and Border Protection

Policy#: BAC 5

Policy: The purpose of this policy is to outline the procedure for billing and collection of services provided to Border Patrol Inmates. TTUHSC files paper claims daily on behalf of individuals covered and under custody of Immigration/Customs and Border Protection FSC 738 and bills patients for any outstanding non-covered services. Paperless Collection System (PCS) workfiles are utilized to identify invoices remaining for 30 days requiring follow-up and to identify denied claims requiring review for appeal. The business office researches any information to adjudicate claims and requests assistance from departments as needed.

- Customs and Border Protection claims are billed for services where eligibility and custody has been verified. Where eligibility and custody cannot be verified, the patient is classified as self-pay. All patient-responsible balances bill to the patient after the claim has been adjudicated. Verification by Customs and Border Protection is performed by calling or emailing Hector Arrieta at 915-730-7231 or Hector.Arrieta@CBP.DHS.GOV. All emails sent outside of Texas Tech must be sent secured [SEND SECURE].
- Customs and Border Protection paper claims bill daily with the MedPAR form (see attached example) obtained from Hector Arrieta when the inmate receives Emergency Room or other hospital care. MedPAR forms are obtained from Hector Arrieta at 915-730-7231 or by email at <a href="https://docs.ncbi.nlm.n
- Designated employees review and correct all rejections found on the daily claims edit list located on the MPIP Shared Drive under MPIP Reference/Edit List. Rejections are caused by missing insurance information, invalid place of service, missing diagnosis, FSC mismatch, provider non-participation, etc. MPIP employees work with department certified coders to resolve coding issues and report excessive and/or unusual rejection issues to the billing and collections supervisor or manager. Claim edits are resolved within 3 business days.
- 4) Designated employees review the assigned PCS daily workfiles and follow-up invoices that remain for 15 days. Follow-up is performed by signing on the web portal at vafscdihs@mail.va.gov or by telephone to US Department of Homeland Security. Designated

- employees must sign up and create a username in order to review and obtain claim status through the web portal. Follow-up may include verification and update of insurance eligibility and requeuing of claims.
- Designated employees review assigned PCS daily workfiles and research denied claims requiring appeal. The employee determines reasons for the denial and performs necessary actions to correct or appeal the claim, including corresponding with MPIP or department certified coders for review of proper coding and/or billing guidelines, obtaining medical records, and communicating with claim department personnel. Claims are appealed online when possible, followed by telephone and written appeals. The appeal deadline is one year from the denial date noted on the latest explanation of benefits.
- A minimum of 55 workfile accounts are processed on a daily basis. After claims have been appealed, a 30-day tickler placed on the invoice alerts the designated employee of payer non-response. Status of the appeal is reviewed online, followed by telephone call to the payer's claims department.
- 7) Charges determined after adjudication to be patient responsibility, including patient not in custody, unable to ID arresting agency, or patient is ineligible, are billed to secondary or tertiary payers when applicable or billed to the patient.

- 1) Medical Billing Associates (MBA)
- 2) Student Assistant 1: EDI rejections.

ModPAR Authorization Form

Page 1 of 3

ICE Health Service Corps

Treatment, Authorization & Consultation Form

SEXD NAMER CLAIMS TO: ICT Health Service Corp. VA Financial Services Center PO Seit 149,145 Austin, TX 78714-1345

For EDE daym submission information and daym inquires, phase contact 1,000,479,0523.

Classes must be submitted within one year from data of health service. Approvals are valid for 90 days from date of adoroval

http://www.lcs.gov/about/offices/enforcement-removal-operations/&s/managed-Care,htm

A separate treatment authorization request will be required for services beyong and outside the score of the ong nat authorization. Sannism rendered may act be paid without an approved authorization. All payment for services is subject to autoritions, service renormal may accompanies exercine, permiss to this causer and another systems is made in accompanie with the Code Title 18, Port 1, Causer 301, Sec. 4006. All cases are unblest to remorphish review. For further information regarding this C, planer ratio or material http://www.ice.gov/about/effices/anformatic-renorma-operations.this or contact the TOE Health Senvices Managed Care Branch at 1,202-732-4000, M-F (800 to 1630 EST

Please ensure at during technic the Patient Scott Platform Information and the Authorization number

IMPRINT OF DETAINEE ID PLATE, CO	PUTER LABEL OR COMPLETE BELOW:
ho.	Mea
(A)	v ← C+CX(0)3131885
Herestor United STATES	POLICE COP CITO 11 Proces

AUTHORIZED ACTION:

Auch #, 201410213441 (U

AUTOPER LT PRODUIT A MEDIA

Status: Approved Service Type: Errorystice Referral Type: 73

Too (Hame and Phone to whom referral is being mode)

Outlease of Requests

Accesse ER less to include Observation up to 72 test on 12/8/7012

MedAUR is administratively approved for ER visit, to include otherwition up to 77 hours. EVW US Border Patrol outry for access to medical care. The submitting agent, alliests that the aline is no outpdy at the time the service is provided. INCC norders no decision as to medical necessity or appropriationass for the requested treatment, but acts so intermediary for the payment of claims EVW Tice 18 USC, Part III, Chapter 301, § 4006. Updated by ET Preclous Antonio on 23 October 2014.

United States Customs and Bontor Protection Office of Reid Operation & Paso, TX

This Mind Par request is for ED Passion a Continues Pagers:

DCB:

Nationality: United States Officer

Referred to nospital: University Oate of Service: 12/08/2012 GIV MIND CH CONTO

https://medpar.chr-iochealth.org/ViewAuthForm.aspx?id=(adf30548-6646-4ff7-Sc87-360. 10/23/2014

Page 2 of 3

Reference - 12/08/2012

Clagross: Medical evam

Mode of Transportation: CEP GOV

. Dates of Sonition reviewed by MedPARI Commender Lyclu Sorrigs 10/21/2014, was advent to submit a MedPAR.

This energy case was created by MedRAR and should be verified for cara correctness.

The following patient information was entered manually

Patient Allen # : OFOC0383835 Patient Border Patrol #

Patient FIX :

Patternt Last Name

Patient Mist Harry

Parters Michae Name .

Patient DOB:

Patient Sex : Patent Nationalty

Potions DVS Status 11

Poport HSI Number

The following provider information was entered manually

Provider ID : UMC El Paso, Taxas

Provider Name: UMC Hospital

Provider Specially Code Provider Specially Description :

Provider Facility Type : Hospital

Provider Type:

Provider Address 1: 4315 Alameda

Provider Address 2:
Provider Ody: 18 Paro
Provider State - Ti
Provider 20: 19905
Provider Provider (915) 344-1700

Provisional Diagnosia: V70 CENERAL MEDICAL ELANGUATION

Consultation Report:

https://modpar.elu-scehezhh.org/View.AuthForm.aspx?u3=(ad150548-6646-4ff7-8e37-360... 10/23/2014

Instructions for Usage of Treatment Authorization And Consultation Form

Referral Type Descriptions:

Consult Only - Consultative health services only that are consistent with the currentiative Provider's specially and detained's medical consistent.

Emergency Room - Health services considert with an Emergency Room setting and detailned's specified medical condition. In cases where an impotent admission may be medically necessary following an initial Emergency Room and; a new TAR must be submitted by the distance's custodial facility.

Medical Appointment (Not a consult) - Health servces consider? With the Provider's specially and detained's special condition.

Medical Lab/Test - Labs and/or Tests corotises with the detance's specified medical condition

Imperient Hospitalization - Health services convising with an impatient hospitalization and the detained's specified medical condition.

Dental Services - Health services consistent with a dental Provider's specially and detained's streetfed medical condition.

Non-Formulary Medications - Any medication risk included on InSC designated formulary http://www.los.gov/about/effices/enforcement-remove-operations/field

EVANIE

https://modpur.ehr-webealth.org/ViewAuthForm.inpx?td={adf50548-6646-4f17-ae87-350... | 10/23/2014

Revised Date:

10/01/2014

Effective Date:

04/01/2015

Ana Deslongchamps,

Unit Associate Director

Frank Stout

Assoc Dean/Asst VP, Finance and Administration

Steven M. Wagner, MPIP Managing Director

Department: BAC-Billing and Collections

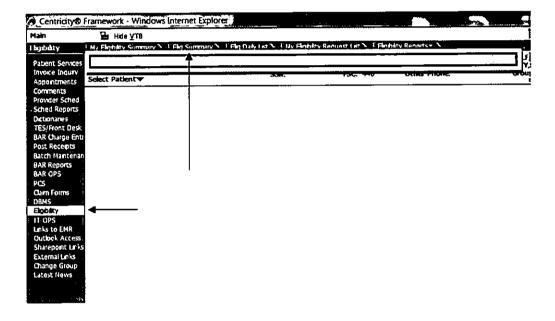
TITLE: Eligibility Group Eligibility Request Definitions (GERD) Processing

Policy#: BAC 6

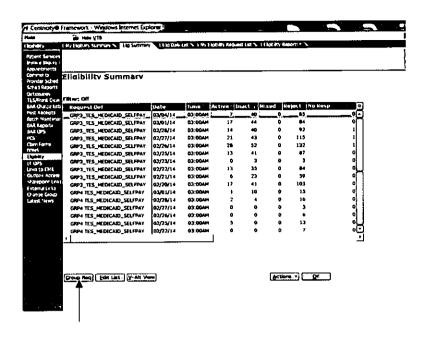
Policy: The purpose of this policy is to outline the procedure for processing the results of the automatic eligibility GERD (Group Eligibility Request Definitions) reports that are processed by GE Centricity Business on a daily, weekly, and monthly basis. These GERDs send eligibility requests to participating payers through Electronic Data Interchange (EDI); the results are reviewed by designated staff and insurance information is updated in the patient services function as required.

- 1) The following GERDs are currently processed by GECB:
 - GRP 3 60 DAY EL PASO daily request to CMS and various commercial payers is run 7 days prior to scheduled appointments for accounts containing registration FSCs corresponding to Medicare and commercial payers.
 - GRP 3 MONTHLY EL PASO daily request to TMHP is run 3 days prior to scheduled appointments for accounts containing registration FSCs corresponding to Medicaid payers.
 - GRP 3_SP_INDIGENT_TX monthly request to TMHP on the 10th day of the month for accounts containing the Hospital District registration FSCs of 375 or 376 or other self-pay FSCs to include 1, 15, and 17 and a Texas address.
 - GRP 3_SP_INDIGENT_NM monthly request to New Mexico Medicaid on the 10th day of the month for accounts containing the Hospital District registration FSCs of 375 or 376 or other self-pay FSCs to include 1,15, and 17 and a New Mexico address.
 - GRP 3_MCD PENDING weekly request to TMHP for accounts containing pending Medicaid/SSI registration FSCs of 315 or 516 and a Texas address.
 - GRP 3_TES_MEDICAID_SELFPAY daily request to TMHP for invoices entered through TES containing a self-pay FSC and a Texas address.

- GRP 3_TES_NM_MEDICAID_SELFPAY daily request to NM Medicaid for invoices entered through TES containing self-pay FSC and a New Mexico address.
- GRP 3_TES_MEDICARE_SELFPAY daily request to CMS (Centers for Medicare and Medicaid) for invoices entered through TES containing a self-pay FSC.
- 2) The GERD training guide is included; Reports are accessed as follows:
 - Select Eligibility, then Eligibility Summary tab

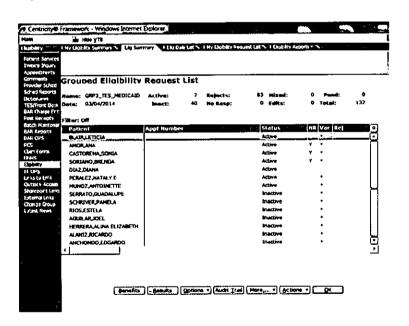


- Scroll down to desired report, for example GRP3 TES_MEDICAID_SELFPAY
- Highlight the Row and Select the 'Group Req' button at the bottom of the screen



The list of individual accounts that were processed in the GERD will appear.

- Sort by 'Status' to view all Active, Inactive, Rejected, or Mixed results as a group, apply filer as desired
- Review desired 'Results', update plan information in Patient Accounts, and if necessary, bill out any claims



Designated employees process GRP 3 60 DAY - EL PASO and GRP 3 MONTHLY - EL PASO results daily, update eligibility information as required in the patient services insurance fields, note appropriate eligibility information in General Comments, and bill out any outstanding or improperly billed invoices. All accounts with a status other than Active and including the status of Active indicating a Needs Review (NR) result require review.

- Designated employees process GRP 3_SP_INDIGENT_TX and GRP 3_SP_INDIGENT_NM results on a monthly basis, update eligibility information as required in patient services insurance fields, note appropriate eligibility information in General Comments, and bill out any outstanding or improperly billed invoices. All accounts with a status of Active require review.
- Designated employees process GRP 3_MCD PENDING results weekly, update eligibility information as required in patient services insurance fields, note appropriate eligibility information in General Comments, and bill out any outstanding or improperly billed invoices. All accounts with a status of Active require review.
- Designated employees process GRP 3_TES_MEDICAID_SELFPAY and GRP 3_TES_MEDICARE_SELFPAY daily, update eligibility information as required in patient services insurance fields, note appropriate eligibility information in General Comments, and bill out any outstanding or improperly billed invoices. All accounts with a status of Active require review.

- 1) Senior Business Assistant 1 will process GRP 3_SP_INDIGENT_NM monthly GERD.
- 2) Medical Billing Associate (MBA) 1 will process GRP 3_SP_INDIGENT_TX (Letters A L) monthly GERD.
- 3) Senior Business Assistant 2 will routinely process GRP 3_SP_INDIGENT_TX (Letters M Z) monthly GERD, GRP 3_MCD PENDING, GRP 3_TES_MEDICAID_SELFPAY, and GRP 3_TES_MEDICARE_SELFPAY; GRP 3 60 DAY EL PASO Medicare plans and GRP 3 MONTHLY EL PASO will be processed as time permits.
- Senior Business Assistants 3 and 4 will process GRP 3 60 DAY EL PASO for commercial plans as time permits.

Revised Date:

10/01/2014

Effective Date:

04/01/2015

Ana Deslongchamps,

Unit Associate Director

Frank Stout

Assoc Dean/Asst VP, Finance and Administration

Steven M. Wagner

MPIP Managing Director.

Department: BAC-Billing and Collections

TITLE: Sheriff Department/Juvenile Detention Collections

Policy#: BAC 7

Policy: The purpose of this policy is to outline the procedure for billing and collection of services provided to patients who are inmates of the El Paso County Sheriff Department or the El Paso County Juvenile Probation Department. TTUHSC submits paper claims daily on behalf of individuals covered and under custody of the El Paso County Sheriff Department FSC 22 and Juvenile Probation Department FSC 327 and bills patients for any outstanding co-payments, co-insurance, or non-covered services. Paperless Collection System (PCS) workfiles are utilized to identify invoices remaining for 30 days requiring follow-up and to identify claims requiring review for appeal. The business office researches any information to adjudicate claims and requests assistance from departments as needed.

Procedures:

The El Paso County Sheriff Department houses adult inmates at two facilities: 601 Overland Ave., El Paso, TX, 79901 and 12501 Montana, El Paso, Texas, 79938. The Juvenile Detention department houses juvenile offenders up to 17 years of age at 6400 Delta, El Paso, Texas, 79905. Authorized services are billed as indicated below:

	Sheriff	Hospital District	Juvenile	
	FSC 22/J94	FSC 376/J10	FSC 327	
Non-Resident Inpatient/UMC POS 21	X		х	
Non-Resident Outpatient/UMC POS 22	X		X	
Non-Resident Texas Tech Clinic POS 11	X		X	
Non-Resident Emergency Medicine Dept. UMC (99283, 99284, 99285) POS 23	X		x	
Non-Resident Emergency Dept. all Specialties POS 23	х			
Resident Inpatient/UMC POS 21		X	X	
Resident Outpatient/UMC POS 22	x		x	

Resident Emergency Medicine Dept. UMC (99283, 99284, 99285) POS 23	x		X
Resident Emergency Dept. all Specialties POS 23		x	x
Jail address Inpatient/UMC POS 21	Х		N/A
Jail Address Outpatient/UMC POS 22	Х		N/A
Jail Address Texas Tech Clinic POS 11	Х		N/A
Jail address Emergency Medicine Dept. UMC (99283, 99284, 99285) POS 23	х		N/A
Jail address Emergency Dept. all Specialties POS 23	x		N/A

- Paper claims are billed daily; there is no filing deadline. Sheriff Department claims are mailed Certified Return Receipt to: El Paso County Sheriff's Department, 3850 Justice Dr., El Paso, Texas, 79938 or faxed to (915) 538-2246 to the attention of Theresa Elias. Juvenile Department claims and a corresponding form letter are billed by fax to (915) 849-2028 to the attention of Laura Moreno, Accounting Clerk; form letter is included.
- Designated employees review and correct all rejections found on the daily claims edit list located on the MPIP Shared Drive under MPIP Reference/Edit List. Rejections are caused by missing insurance information, invalid place of service, missing diagnosis, FSC mismatch, provider non-participation, etc. MPIP employees work with department certified coders to resolve coding issues and report excessive and/or unusual rejection issues to the billing and collections supervisor or manager. Claim edits are resolved within 3 business days.
- Designated employees review the assigned PCS daily workfiles and follow-up invoices that remain for 15 days. Follow-up is performed by contacting Theresa Elias at (915) 538-2234; follow-up for the Juvenile Probation Department is performed by contacting Laura Moreno at (915) 849-2605.
- Designated employees review assigned PCS daily workfiles and research denied claims requiring appeal. The employee determines reasons for the denial and performs necessary actions to correct or appeal the claims, including corresponding with MPIP or department certified coders for review of proper coding and/or billing guidelines, obtaining medical records, and communicating with Sheriff Department of Juvenile Detention department personnel. Appeal deadlines do not apply.
- A minimum of 55 workfile accounts are processed on a daily basis. After claims have been appealed, a 30-day tickler placed on the invoice alerts the designated employee of payer non-response. Status of the appeal is completed by telephone call to the Sheriff Department or Juvenile Probation Department contacts.
- 7) Charges determined after adjudication to be patient responsibility, including deductibles, coinsurance, co-payments, benefit maximums, or non-covered or ineligible services are billed to secondary or tertiary payers when applicable or billed to the patient.

1) Senior Business Assistants 1 and 2: claim edits, correspondence, follow-up, and appeals.



PO Box 9520 • El Paso, TX 79995-9520 • Phone: 915-215-4700 • Fax: 915-594-3585

Date

El Paso County Juvenile Probation Dept. 6400 Delta El Paso, Texas 79905

Atm: Laura Moreno

Invoice#3TXXXXXXX MRN# EXXXXXX Juvenile Name: Juvenile DOB:

Date of service:

DD/MM/YY (CPT Code - CPT Description) SBilled Amount

DD/MM/YY (CPT Code - CPT Description) SBilled Amount DD/MM/YY (CPT Code - CPT Description) SBilled Amount

Related Cost: \$Total Amount Billed

If you have any questions please call me at 915-215-XXXX.

Sincerely,

Staff Member Name Title

Revised Date:

10/01/2014

Effective Date:

04/01/2015

Ana Deslongchamps,

Unit Associate Director

Frank Stout

Assoc Dean/Asst VP, Finance and Administration

Steven M. Wagner,

MPIP Managing Director '

Department: BAC-Billing and Collections

TITLE: Southwest Transplant Alliance Billing and Collections

Policy#: BAC 8

Policy: The purpose of this policy is to outline the procedure for billing and collection of services provided to patients that are eligible for organ donation. Southwest Transplant Alliance (STA) is an organization that pays all charges subsequent to the patient becoming an organ donor. This occurs once the patient has been pronounced brain dead and consent for organ donation has been obtained from the next of kin. Charges prior to this time are billed to patient's insurance or Hospital District. TTUHSC files daily electronic claims on behalf of individuals covered by STA, and bills the patient's next of kin for any outstanding balances or non-covered services. Paperless Collection System (PCS) workfiles are utilized to identify invoices remaining for 30 days requiring follow-up and to identify claims requiring review for appeal. The business office researches any information to adjudicate claims and requests assistance from departments as needed.

- Southwest Transplant Alliance (STA) is billed for services where eligibility has been verified. Where eligibility cannot be verified with STA, the patient's insurance is billed, or, if classified as self-pay, is billed to Hospital District. All patient-responsible balances are billed to the next of kin after the claim has been adjudicated.
- Southwest Transplant Alliance claims bill daily and electronically to Southwest Transplant Alliance, 5489 Blair Road Dallas, TX 75231. The filing deadline is 365 days from the date of service.
- Designated employees review and correct all rejections found on the daily claims edit list located on the MPIP Shared Drive under MPIP Reference/Edit List. Rejections are caused by missing insurance information, invalid place of service, missing diagnosis, FSC mismatch, provider non-participation, etc. MPIP employees work with department certified coders to resolve coding issues and report excessive and/or unusual rejection issues to the billing and collections supervisor or manager. Claim edits are resolved within 3 business days.
- 4) Designated employees review and correct all rejections found on the daily GE eCommerce EDI claims portal, which may be accessed at https://edi.idxasp.com/ecttuweb/Login.action. Rejections are caused by missing or invalid insurance information, place of service, diagnosis,

- provider non-participation, etc. MPIP employees work with department certified coders to resolve any coding issues, and report any excessive and/or unusual rejection issues to the billing and collections supervisor or manager. Claim edits are resolved within 3 business days.
- Designated employees review the assigned PCS daily workfiles and follow-up invoices that remain for 15 days. Follow-up is performed by contacting Karmisha Pinkard: Phone: 214-522-0255, Fax: 214-522-0430, or by email at kpinkard@organ.org. Follow-up may include verification of time and date consent was signed.
- Denials from Southwest Transplant Alliance state 'NOT OURS', which indicates the services were performed before the consent was signed. These invoices are submitted to the patient's insurance or to Hospital District if the patient is classified as self-pay.

1) Medical Billing Associates (MBA) 1: claim edits, EDI rejections, correspondence, follow-up, and appeals.

Revised Date:

10/01/2014

Effective Date:

04/01/2015

Ana Deslongchamps,

Unit Associate Director

Frank Stout

Assoc Dean/Asst VP, Finance and Administration

Steven M. Wagner,

MPIP Managing Director

Department: BAC-Billing and Collections

TITLE: Hospital District Collections

Policy#: BAC 9

Policy: The purpose of this policy is to outline the procedure for billing and collection of services provided to uninsured patients who receive services at University Medical Center (UMC) and El Paso Children's Hospital (EPCH) that are eligible under the Hospital District MSA contract. TTUHSC files electronic claims daily on behalf of individuals eligible for coverage under the Hospital District MSA contract for uninsured individuals. A monthly claims report is issued by ESI Healthcare Business Solutions outlining claims that were accepted and paid and claims that were unaccepted and denied. Monthly reports generated by MPIP analysts identify claims that did not transmit successfully and claims that remain outstanding. The business office researches any information needed to adjudicate a claim.

- ESI Healthcare Business Solutions is billed daily and electronically for services provided to uninsured patients who qualify under the Hospital District MSA program; the filing deadline is 235 days from the date of service and claims are adjudicated according to Medicare guidelines. Services performed at University Medical Center (UMC) as inpatient, outpatient, and emergency room are covered for the following departments: Internal Medicine and subspecialties, Orthopaedic Surgery, Obstetrics and Gynecology, Surgery and subspecialties, Pediatrics (Hearing and Newborn Nursery), Neurology, Family Medicine, Radiology, Anesthesiology, and Pathology. The attached Hospital District Guide outlines the specific MSA effective dates.
- El Paso Children's Hospital (EPCH) is billed monthly for services provided to uninsured patients who qualify under the EPCH MSA program; there is no filing deadline and claims are adjudicated according to the guidelines specified in the current MSA contract. Effective February 1, 2014, services performed at EPCH as inpatient, outpatient, and emergency room are covered for the following departments: Internal Medicine and subspecialties, Orthopaedic Surgery, Obstetrics and Gynecology, Surgery and subspecialties, Pediatrics, Neurology, Family Medicine, Radiology, Anesthesiology, and Pathology. The attached Hospital District Guide outlines the specific MSA effective dates.

- ESI provides TTUHSC with monthly reports by the 10th business day of the month, consisting of executive summary reports and an Excel spreadsheet containing accepted and unaccepted claims. Claims are processed under the Service Proxy Month method, in which services dates are held for a period of 120 days to allow for billing lag time (e.g. June 2014 Service Proxy Month represents payment for October 2014).
- Designated employees review and correct all rejections found on the daily claims edit list located on the MPIP Shared Drive under MPIP Reference/Edit List. Rejections are caused by missing insurance information, invalid place of service, missing diagnosis, FSC mismatch, provider non-participation, etc. MPIP employees work with department certified coders to resolve coding issues and report excessive and/or unusual rejection issues to the billing and collections supervisor or manager. Claim edits are resolved within 3 business days. All accounts are reviewed for billing of additional qualifying invoices.
- A minimum of 55 accounts are processed on a daily basis. Designated MPIP employees review the monthly unaccepted claim report and process appeals according to the denial CAR (Claim Adjustment Reason) codes within 30 business days; see attachment for CAR Code explanations. Appeal reasons are noted on the spreadsheet and the completed spreadsheet is uploaded to the ESI FTP secure website at: https://secureftp2.esinetwork.com/Logon.aspx?ReturnUrl=/Content.aspx. Denials for coverage under another insurance plan (CAR Code 177) are researched and billed to the appropriate plan using various resources, including UMC's Invision and Net Access programs, and various other Medicare, Medicaid, and commercial insurance portals.

UMC/EPCH Cerner: http://159.140.84.81/Prod/auth/login.aspx?CTX_FromLoggedoutPage=1

UMC Invision:

http://gld50gvp1.rsodm20.smsrsm.com/50GV/html/unsecured/clientPOOL50GV50GVCICSRC9H.html

UMC NetAccess:

EPCH Invision:

http://gld50gvp1.rsodm20.smsrsm.com/40gv/html/unsecured/Client40GVCICSRC9H.html

EPCH Net Access:

http://192.168.10.16/50gv-ntap-

RESPONSIBILITIES

1) Sr. Medical Billing Associate 1 and Medical Billing Associate (MBA) 1: claim edits, follow-up, and appeals.

HOSPITAL DISTRICT GUIDE

Hospital District (HD) Divisions Revised 4-3-14

New contract (HD) Previous contract (MSA)

Notes / Comment

of PT has Crime Victims

Covered Locations OPH & IPH ERH CPT Codes

Deportment	Division / Biffing Area Number	Covered Hospital	Not Covered: 99283 99284 99285	Service Effective - End dete	Full 104 Write Off	NEW Service effective - End date		
Anesthesia	1	UMC	Same	N/A	AZZ	11/01/2012	375 HD Pmt, Full 104 W/O** If invoice has a credit keep both VD and PT pmt, write off Up to the credit and	Bill everything to HD HD Pays 375 HD Pmt Full 104 W/O
Radiology	34	UMC	Same	N/A	NO	09/01/7012	375 HD Pmt, Salance bill the PT No 104 W/O Note: Additional 104 W/O for 19103 - Add1 104 W/O 51,257.89 PT Bal \$388.53 58340 - Add1 104 W/O 51,291.09 PT Bal \$114.02	Bill everything to HD HD Pays 375 HD Pmt full 104 W/O
Family Medicine	3	UMC	Serre	10/01/06 - 10/31/11	Yes	07/01/2011		
Internal Medicine	5	UMC	Same	10/01/08 - 10/31/11	Yes	07/01/2011		BM everything to HD
Neurology	6 U	UMC	Same	10/01/00 - 10/31/11	Yes	07/01/2011	375 HD Pmt, Full 104 W/O	HD Pays
DB/GYN	7	UMC	Same	10/01/08 - 10/31/21	Yes	07/01/2011		375 HD Pmt
Epitepsy	25	UMC	Same	10/01/08 - 10/31/11	Yes	07/01/2011		Full 104 W/O
Managed Health Care 77	29	UMC	Same	10/01/08 - 10/31/11	Yes	07/01/2011		
					99460, 99462, 99464	10/01/2008	375 HD Pmt, Full 104 W/O	Bill everything to HD
Pediatrics	11	UMC	Same	10/01/08 - 10/31/11	99238	10/01/2008	376 HD Adj, Selence bill the PT * No 104 W/O	HD Pays 375 HD Pmt
	11	ЕРСН	Seme	10/01/08 - 10/31/11	Billing Area <u>MUST</u> he Pedi	10/01/2008	376 HD Adj. Salance bill the PT No 104 W/O	Full 104 W/O
Orthopedic Surgery & Surgery General	30066, 30067, 30068, 30069, 30070, 30071, 30077, 30073, 30075, 30078, 30102, 30103, 30104, 30106, 30106, 30107, 30108, 30111, 30112, 30113, 30115, 30153, 30154, 30160,	имс	Same	10/01/08 - 10/31/11	Yes	07/01/2011	375 HD Pms., Full 104 W/O	Bill everything to HD HD Pays 375 HD Prot Full 104 W/O
Orthopedic Traume	30167, 30196 30074, 30075, 30076, 30077, 30096, 30097, 30098, 30099, 30158, 30159	UMC	Same	10/01/08 - 10/31/11	МО	6EFORE DOS 10/1/2013	376 HD Adj, Belince BB FT No 104 W/O	BIB Crime Victim & Keep Crime Victim Payment
Surgery Transpa	30101, 30135, 30144, 30147	•			YES	AFTER DOS 10/1/2013	575 HD Print, Full 104 W/O	Bill everything to HD, HD Pays 375 HD Pmt, Full 104 W/O

<u>Cualifications for HD</u> Invoice PSC: Invoice belence: Total Charge: Locations:

375, 376
>0.00
>0.00
1- IPH: Innestient [POS 21)
2- OPH: Outpostent [POS 22)
23-ERH: Emergency Ream-Excluding ER visit: 99283, 99284, 99285 [POS 23]
HD will pay ER x-ray charges: ex.-28721787

Notes: 375 - ND Pms (pms column)
376 - ND Adj (Adj column)
DOS - Date of Service
Do NOT bell ND if patient has a Commercial Ins Plan or for FSC 30 (OB Plug)
Bill HD if patient has NO insurance, Medicare Part A only, ER Medicaid with a second denial or Perinate, see flow chart
Filing DeadSine 1255 days and 30 days to appeal
"\$57,52
"No Anes Plugs after 11-1-12. Per contract, Full W/O will take place one month after 1st invoice is sent out to PT

CAR		Remark Code	ESI Usage for UMC/TTech Claims
Code	CAR Code Description The procedure code is inconsistent with the modifier used or a required	COGE	Claim not payable if an expected modifier was
_	l ·		not reported.
4	modifier is missing.	-	Ind reported.
5	The procedure code is inconsistent with the place of service.	M77	Missing valid place of service.
			Claim is not payable if the reported service code
6	Procedure code is inconsistent with the patient's age.		age appropriate.
			Claim not payable if the reported service code
7	Procedure code is inconsistent with the patient's gender.	L	gender appropriate.
	Claim/service lacks information which is needed for adjudication.		
	Additional information is supplied using remittance advice remarks		Missing/incomplete/invalid diagnosis or
16	codes whenever appropriate.	M76	condition.
		[Claim not payable if the claim contains an invalid
	Claim/service lacks information which is needed for adjudication.		CPT Code or invalid for date range. Includes
	Additional information is supplied using remittance advice remarks		denial for Consult Codes not accepted by
16	codes whenever appropriate.	M51	Medicare.
18	Duplicate claim/service.		Duplicate claim/service
18	Duplicate claim/service.	N233	Additional review with operative note/report
22	Ctaim denied as this care may be covered by another payer, Medicaid.		Medicaid pending plan through 6 months.
		ļ	No Account found with matching MRN and date
26	Expenses incurred prior to coverage.	N173	of service within account matching criteria.
			No MRN found within patient account matching
26	Expenses incurred prior to coverage.	M127_	criteria.
29	The timely filling limit has expired.		Timely filing limit has expired.
29	The timery many mini has expired.		Turicity taking mine these expenses.
31	Claim denied as patient cannot be identified as our insured, Medicare.		SSI Pending Plan up to 6 months.
	Classif defined as patient cannot be kiertimed as our misures, messeure.	i	Claim not payable if provider id is invalid, does
			not have the requisite provider type (B or P), or
			where the claim DOS is within the effective and
38	Services not provided or authorized by designated billing providers.	N257	term dates.
	period tipi provided or administratory designated aliming provided at		Claim not payable if provider id is invalid, does
			not have the requisite provider type (B or P), or
	Services not provided or authorized by designated performing		where the claim DOS is within the effective and
	providers.	N290	term dates.

45	Charges exceed our fee schedule or maximum allowable amount.		Claim paid according to the applicable payment methodology, including Midlevel Provider and Asst. or Co-Surgeons.
_			Payment of Bilateral/Mult Services have been bundled as they are considered components of
45	Charges exceed our fee schedule or maximum allowable amount.	M15	the same procedure.
	Global Surgery. The benefit for this service is included in the		
	payment/allowance for another service/procedure that has already been		
97	adjudicated.		
	Payment denied because the patient has not met the required eligibility		Claim not payable if the Finplan of the matching
177	requirements		registration is not a payable plan code.
B1	Non-covered Department/Visits.		Department is not included in MSA.
B14	Only one E/M visit per physician/specialty per day is covered.		

Revised Date:

10/01/2014

Effective Date:

04/01/2015

Ana Deslongchamps,

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Steven M. Wagner,

MPIP Managing Director

Department: BAC-Billing and Collections

TITLE: Correspondence Processing - Payers

Policy#: BAC 10

Policy: The purpose of this policy is to outline the procedure for processing the correspondence received by the TTUHSC EI Paso MPIP office. Correspondence from payers, which is addressed to the main campus or the established MPIP PO Box, is delivered to the MPIP office by TTUHSC mail delivery staff. Examples of the correspondence received from payers include explanation of benefits for claim denials, payments, refund requests, requests for information, notification of provider enrollment, authorization notifications, prescription information, Medicare Managed Care Physical Exam and Health Maintenance Reports (HMRs), and appeal status notifications. Correspondence is sorted by the designated mail processor and distributed to the appropriate staff members for batching and processing.

Procedure:

- Mail is delivered to the MPIP office by TTUHSC mail delivery staff; designated mail
 processor separates all envelopes with payments and forward them to the appropriate
 payment posting staff member for processing. The remaining correspondence is removed from
 the envelope and date stamped.
- 2) Mail processor sorts the correspondence by the following payer categories: Medicare and Medicaid, commercial insurance, and prescription information. Any undistinguishable mail is forwarded to a billing and collection unit supervisor or manager for review to determine appropriate action required.
- Correspondence is forwarded to the designated billing and collection supervisor or manager for batching and distribution. The batch slip contains the distribution and due date; batches are logged into the Correspondence Log Form (see attached) and distributed to the appropriate staff members, who acknowledge receipt by initialing. Processing of correspondence is completed within 3 working days or as determined by the supervisor or manager. Upon receipt of completed batch, supervisor or manager initials the Correspondence Log Form.

Correspondence Categories:

1) <u>Explanation of Benefits/Denials</u>: Processor enters the denial into GE Centricity Business (GECB) using the payment posting function; invoice is researched and processed in the manner outlined

manner outlined in the denied claim policy, which may include verifying and updating the correct payer information and billing the claim, appealing the claim, or contacting the patient for additional information.

- 2) <u>Refund requests</u>: Supervisor or Manager will forward refund request to appropriate refund processing staff.
- Requests for information: Requests for information may include medical records requests, preexisting questionnaires, accident details, etc. Processor must determine appropriate action needed, which may require assistance from clinic personnel or information from the patient, completion of the required form, or medical record retrieval; notation of action should be entered at invoice level and/or in General Comments of GECB.
- 4) Provider Enrollment or other Enrollment/Credentialing Correspondence: Supervisor or Manager will scan the document and email it to the appropriate staff member in the Enrollment and Credentialing office and also forward the original via campus mail.
- 5) <u>Authorization Notifications</u>: Authorization information is entered into General Comments and the original document is forwarded to the appropriate clinical department for inclusion in the patient's Electronic Medical Record (EMR).
- 6) <u>Prescription Information</u>: Designated mail processor will forward the documentation to the clinical department of the corresponding provider.
- 7) Appeal Status Notifications: Medicaid appeal notifications will be noted at invoice level and the correspondence forwarded to the appropriate clinical department. All other appeal status notifications will be processed by the appropriate staff in the manner outlined in the denied claim policy.
- 8) Physical Exam and Health Maintenance Reports (HMRs): Medicare Managed Care physical exam forms are forwarded to Dr. Michael J. Romano, Associate Dean for Clinical Affairs, via campus mail.
- 9) <u>Indistinguishable Correspondence</u>: Supervisors will review and determine the appropriate actions required.

- 1) Sr. Business Assistant 1 and 2: On an alternating schedule will sort and distribute correspondence to appropriate staff for processing.
- 2) Senior Medical Billing Associates (MBA) 1-4, MBAs 1-6, and Sr. Business Assistants 1-4, and Student Assistants 1 and 2 will process correspondence as indicated in Correspondence Categories 1-9.

CORRESPONDENCE LOG - MONTH

Date	Due Date	Assigned To	Initials	# of Pages	Returned	Initials
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BATCH CONTROL SLIP

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Revised Date:

10/01/2014

Effective Date:

4/01/2015

Ana Deslongchamps,

Unit Associate Director

Frank Stout

Assoc Dean/Asst VP, Finance and Administration

Steven M. Wagner, MPIP Managing Director

Department: BAC-Billing and Collections

TITLE: University Medical Center/El Paso Children's Hospital IT Access

Policy#: BAC 11

Policy: The purpose of this policy is to outline the procedure for obtaining access to University Medical Center and El Paso Children's Hospital medical records and practice management programs: Cerner, Net Access (Care base), Invision (OAS Gold UMC, OAS Gold El Paso Children's Hospital).

- 1) A Role Based Access Control (RBAC) request form and a Confidentiality and Security Agreement form are completed and signed for each program that the employee is requesting access. The forms are completed and given to the supervisor/manager for submission.
- The Role Based Access Control (RBAC) request form and the Confidentiality and Security Agreement forms are emailed to Yvette Quintana-Chavez, HIPAA Compliance Officer, at Yvette.QuintanaChavez@ttuhsc.edu.
- Upon approval by the Texas Tech Institutional HIPAA compliance officer, the forms are emailed to Sylvia Pendell, IT Office Coordinator for UMC at spendell@umcelpaso.org and processed for access.
- 4) Access is granted within 24 to 48 hours, after which Sylvia Pendell notifies the MPIP supervisor/manager when the passwords are ready for pick-up. Passwords are picked up by the MPIP supervisor/manager at the University Medical Center Annex building, IT Dept. Room 402.
- Once the password is given to the employee, the supervisor/manager confirms that the employee is able to log into the programs.
- 6) If UMC programs are not accessed within a 6 month period, the account will be closed and the employee must submit another Role Based Access Control (RBAC) request form and the Confidentiality and Security Agreement forms again as a new process for access.
- 7) UMC IT is contacted for issues at 915-521-7941, option 2. Nick Torres, IT Security Representative, may be contacted via email at NTOrres@umcelpaso.org for assistance.

1) Medical Billing Supervisor 1: complete registration process for MPIP billing and collection employees

Confidentiality and Security Agreement

I understand that El Paso County Hospital District (EPCHD) in which or for whom I work, volunteer or provide services, or with whom the entity (e.g., physician practice) for which I work has a relationship (contractual or otherwise) involving the exchange of health information. I also understand that EPCHD has a legal and ethical responsibility to safeguard the privacy of all patients and to protect the confidentiality of their patients' health information. Additionally, EPCHD must assure the confidentiality of its human resources, poyroll, fiscal, research, internal reporting, strategic planning, communications, computer systems and management information (collectively, with patient identifiable health information, "Confidential Information")

In the course of my employment / assignment at EPCHD. I understand that I may come into the possession of this type of Confidential Information. I will access and use this information only when it is necessary to perform my job related duties in accordance with the EPCHD's Privacy and Security Policies, which are available on the EPCHD's Intranet (under Compliance & under Hospital Policies/Information Management). I further understand that I must sign and comply with this Agreement in order to obtain authorization for access to Confidential Information.

I further recognize and acknowledge that the good will of EPCHD depends, among other things, upon its keeping such services and information confidential. I recognize that the disclosure of any information by the Associate may give rise to irreparable injury to EPCHD or to the owner of such information, and that accordingly, EPCHD or the owner of such information may seek legal remedies against me which may be available.

- 1 will not disclose or discuss any Contidential Information with others, including friends or family, who do not have a legitimate business need to know it.
- I will not in any way divulge, copy, release, sell, loan, after, or
 destroy any Confidential Information except as properly authorized
 under State and/or Federal Regulations. I will not permit any
 person whatsoever to examine or make copies of any reports or
 other documents prepared by me or coming into my control.
- I understand that any copies (such as printing) of Confidential Information need to be handled appropriately. I understand that leaving printed confidential material unprotected is a violation of this Agreement.
- I will not discuss Confidential Information where others can overhear the conversation. It is not acceptable to discuss Confidential Information even if the patient's name is not used
- 5 I will not perform any unauthorized transmissions, inquines, modifications, or unauthorized deletions of Confidential Information.
- I understand that I have no right to any ownership interest in any information accessed or created by me during my relationship with EPCHO.
- I will act in the best interest of the EPCHD and in accordance with its Code of Conduct at all times during my relationship with EPCHD.
- 8. I understand that violation of this Agreement may result in disciplinary action, up to and including termination of employment, suspension and loss of privileges, and/or termination of authorization to work within the EPCHD, in accordance with EPCHD's policies. I understand that certain violations may result in reporting to proper authorities and/or legal action.
- I will only access or use systems or devices I am officially authorized to access, and will not demonstrate the operation or function of systems or devices to manufactized individuals

- 10. I will only access software systems to review patient records when I have the patient's consent to do so or I am involved in the treatment, payment, and/or operations for that patient. By accessing a patient's record, I am affirmatively representing to EPCHD at the time of each access that I have the requisite patient consent or authority to do so, and that EPCHD may rely on that representation in granting such access to me.
- Lunderstand that I should have no expectation of privacy when using EPCHD information systems. EPCHD may log, access, review, and otherwise utilize information stored on or passing through its systems, including e-mail, in order to manage systems and enforce security.
- 12. I will practice good workstation security measures such as logging one when away from my computer, using screen savers with activated passwords, and position screens away from public view.
- I will practice secure electronic communications by transmitting Confidential Information only to authorized entities, in accordance with approved security standards.
- 14. Lunderstand and agree that any computer, software, and storage media provided to me by EPCHD contains proprietary and confidential information and its customers or its vendors, and that this is and remains the property of EPCHD at all times.
- I will review and understand EPCHD's Information Management Policies
- ló. I will:
 - n. Use only my officially assigned User-ID and password.
 - b. Use only approved licensed software.
- If accessing the system via a Virtual Private Network (VPN), I also will:
 - Ensure that any device I use to access EPCHD's information systems has a virus detection program installed and enabled and that the virus pottern is consistently up-to-date.
 - Schedule periodic virus sean of local disks and memory and follow the virus remediation procedure outlined by the software vendor should the computer become infected.

- Install and configure a host based firewall and SpyWare detection software on my computer.
- d. Maintain computer sufeguards and ensure that the are up-to-date by installing Microsoft Security Updates

I will never

- a. Share/disclose user-IDs, passwords.
- Use tools or techniques to break/exploit/disable security measures
- Connect to unauthorized networks through the systems of devices; I will use the VPN connectivity for its intended use.
- d. Establish VPN connectivity with EPCHD's systems if my computer is infected until I have followed the anti-virus software vendor recommended remediation procedure and I know that my computer is free of viruses.

I understand that any software (such as VPN) provided by EPCHD is on an 'AS IS' basis; without any warranties of representations expressed or implied, including but not limited to, any nuplied warranties of merchantability or fitness for a particular use. The entire risk as to the results and the performance of the software is assumed by me (the user), and in no event shall EPCHD be liable for any consequental, incidental or direct damages suffered in the course of installing and/or using the software

- 10 I will notify the EPCHD Security Administrator or appropriate Information Technology representative if my password has been seen, disclosed, or otherwise compromised, and will report activity that violates this agreement, privacy and security policies, or any other incident that could have any adverse impact on Confidential Information.
- I agree that my obligations under this Agreement will continue after tentification and/or separation of my employment, expiration of my contract, or my relationship ceases with EPCHD.
- 22 Upon termination / separation, I will immediately return any documents or media containing Confidential Information to EPCHD. I'm affirmatively representing that I will destroy (appropriately dispose of) any confidential information I may have maintained that I no longer should have access to as a result of my termination.

The following statements apply to Physicians, Office Administrators and/or other Authorized representatives, who use EPCHD systems from their Practices (remote locations) and request access to the systems for their office staff):

- 23. I will insure that only appropriate personnel in my office will access EPCHD's software systems and Confidential Information and I will annually train such personnel on issues related to patient confidentiality and access.
- 24 I will accept full responsibility for the actions of my employees who may access EPCHD's software systems and Confidential Information.

ligning this document, I acknowledge that I have read this Agreement and I agree to comply with all the terms and conditions stated above.

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University Medical Center of El Paso INFORMATION TECHNOLOGY Role Based Access Control Request Form

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- Install and configure a host based firewall and SpyWare detection software on my computer.
- d. Maintain computer safeguards and ensure that the are up-to-date by installing Microsoft Security Updates

I will never

- a. Share/disclose user-IDs, passwords.
- b. Use tools or techniques to break/exploit/disable security measures
- Connect to unauthorized networks through the systems or devices; I will use the VPN connectivity for its intended use.
- d. Establish VPN connectivity with EPCHD's systems if my computer is infected until I have followed the anti-virus software vendor recommended remediation procedure and I know that my computer is free of viruses.

I understand that any software (such as VPN) provided by EPCHD is on an "AS IS" basis; without any warranties or representations expressed or implied, including but not limited to, any implied warranties of merchantability or fitness for a particular use. The entire risk as to the results and the performance of the software is assumed by me (the user), and in no event shall EPCHD be liable for any consequential, incidental or direct damages suffered in the course of installing and/or using the software.

- 20. I will notify the EPCHD Security Administrator or appropriate Information Technology representative if my password has been seen, disclosed, or otherwise compromised, and will report activity that violates this agreement, privacy and security policies, or any other incident that could have any adverse impact on Confidential Information.
- I agree that my obligations under this Agreement will continue after termination and/or separation of my employment, expiration of my contract, or my relationship ceases with EPCID
- 22. Upon termination / separation, I will immediately return any documents or media containing Confidential Information to EPCHD. I'm affirmatively representing that I will destroy (appropriately disposi or) any confidential information I may have maintained that I no longer should have access to as a result of my termination.

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TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER EL PASO MEDICAL PRACTICE INCOME PLAN POLICY AND PROCEDURE

Revised Date:

10/01/2014

Effective Date:

04/01/2015

Ana Deslongchamps, Unit Associate Director

Frank Stou

Assoc Dean/Asst VP, Finance and Administration

Steven M. Wagner, MPIP Managing Director

Department: BAC-Billing and Collections

TITLE: Medical Records Requests

Policy#: BAC 12

Policy: The purpose of this policy is to outline the procedure for obtaining and/or requesting medical records for the purpose of submitting with original claim forms when required or for appealing denied claims. Medical records are required upon original claim submission in specific cases, such as when modifiers -22, -52, -53, and -62 are appended to a CPT code on a claim, and with all Veteran's Affairs and Workers Compensation claims. Medical records are also used as supporting documentation during the claims appeal process. Sources for medical records include TTUHSC El Paso Medical Records Department, electronic medical records (EMR) for services performed at TTUHSC Clinics, University Medical Center (UMC) Medical Records Department, UMC and El Paso Children's Hospital Cerner system, and to a lesser extent, other hospitals and dialysis centers.

TTUHSC El Paso Clinics

EMR access and training has been provided to all MPIP medical billing and collection staff to facilitate the submission of medical records with original claim submissions and for claim appeals purposes. Records found in EMR are for services performed at Texas Tech clinics. Paper medical records are requested directly from the Medical Records department for dates of service before EMR was implemented. Any records not located in EMR or in the Medical Records department are requested directly from the clinical department.

Procedure for EMR:

- 1) Electronic Medical Records (EMR) are accessed and printed from Citrix XenApp: http://awsctx/Citrix/XenApp/auth/login.aspx
- 2) EMR availability by clinical department:
 - Family Medicine: September 2011
 - OBGYN: November 2011
 - Pediatrics (Physicians East): December 2011
 - Pediatrics (Alberta): July 2012
 - Pediatrics (Montwood): August 2012

Internal Medicine: May 2012

Southwest Endocrine Consultant (SWEC): July 2012

• Orthopaedic: December 2012

Pain Management: January 15, 2013

Psychiatry: Feb 26, 2013

Ophthalmology: April 02, 2013

- University Breast Care Center (UBCC)/Renamed Garbar Breast Care Center (GBCC): April 30, 2013
- Surgery: June 04, 2013

Neurology: October 29, 2013

Procedure for Paper Charts:

Requests for paper medical records are emailed to any one of the following employees in the Texas Tech Medical Records department and should contain the patient's first and last name, date of birth, E number, and date of service:

Alejandra Ruiz: <u>alejandra.ruiz@ttuhsc.edu</u> Lupe Maldonado: <u>lupe.maldonado@ttuhsc.edu</u>

Rosa Cabral: rosa.cabral@ttuhsc.edu Lilly Savala: lily.zavala@ttuhsc.edu

2) Medical records are transferred by the Medical Records department to the following folder in the MPIP Shared Drive: MPIP MED REC RQSTS and are identified by the MRN number and found in the subfolder labeled for the corresponding month in which it was requested.

University Medical Center and El Paso Children's Hospital

Procedure for EMR:

1) Access and print records available in EMR using Cerner: http://159.140.84.81/Prod/auth/login.aspx

Procedure for Paper Charts (UMC):

- Paper medical records are obtained from the UMC Medical Records department once a week or as needed by a designated trained MPIP employee. Records are transported from UMC to MPIP in a sealed portfolio.
- 2) A UMC Medical Records Request form (included) is completed by MPIP employees requesting records. The request form is given to the designated employee or may be faxed to the UMC Medical Records department at 915-521-7688 and addressed to the designated employee who is obtaining the records. Confirmation of fax receipt is made by calling the UMC Medical Records department at 915-521-7690.

RESPONSIBILITIES

1) Medical Billing Associate 1: retrieve records from UMC once a week.

Date requested	UMC Medical Record Request
Requested by	
Charts needed to pull documentation for Texas Tech MPIP -cont	act Ana Deslongthamps at (915)215-4755

nvoice #	TTU-E#	UMC#	Admit/DOS	Patient Name	DOB	Physician/Notes needed
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Blue= progress notes, Beige= H&P or initial haspital visit, Green=Consult notes,	. Beige H&P or initial haspital visit
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soys: see green consult note	

TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER EL PASO MEDICAL PRACTICE INCOME PLAN POLICY AND PROCEDURE

Revised Date:

10/1/2014

Effective Date:

04/01/2015

Ana Deslongchamps,

Unit Associate Director

Frank Stout,

Assoc Dean/Asst VP, Finance and Administration

Steven M. Wagner, MPIP Managing Director

Department: BAC-Billing and Collections

TITLE: Medicaid/Medicaid Managed Care Appeals Process for Clinical Departments

Policy#: BAC 13

Policy: The purpose of this policy is to outline the procedure for processing of appeals for Medicaid and Medicaid HMO plans. The TTUHSC business office files electronic claims daily on behalf of individuals covered by Medicaid programs, including but not limited to Medicaid Managed Care, Emergency Medicaid, Texas Women's Health Program, Children with Special Health Care Needs (CSHCN), New Mexico Medicaid, and out-of-state Medicaid plans. Paperless Collection System (PCS) workfiles are utilized to identify invoices remaining for 30 days requiring follow-up and to identify denied claims requiring review for appeal.

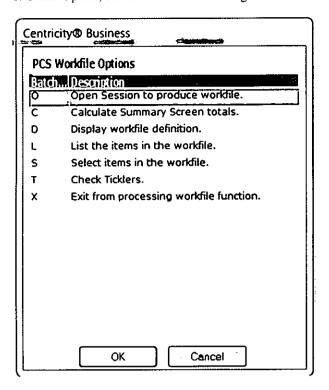
Appeals for Texas Medicaid plans are processed by clinical departments and the business office processes New Mexico Medicaid and out-of-state Medicaid denials. Texas Medicaid denied claims are placed at the Medicaid Pending Appeal FSC 335 and transfer into the departments' Paperless Collection System (PCS) workfiles for processing.

Procedures:

1) Access the assigned PCS workfile by entering the workfile number.

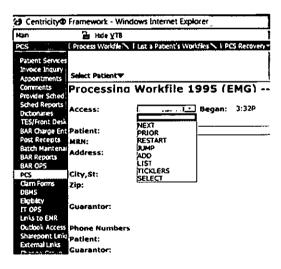
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2. Under Option, select one of the following. To enter the workfile and process the invoices, select 'O'.



3. To process an invoice, select one of the following options. The most common options are:

NEXT – process the next invoice in the workfile RESTART – use after exiting the workfile to return to the next unworked invoice JUMP – select a specific invoice in the workfile by entering the invoice number



4. Review the invoice:

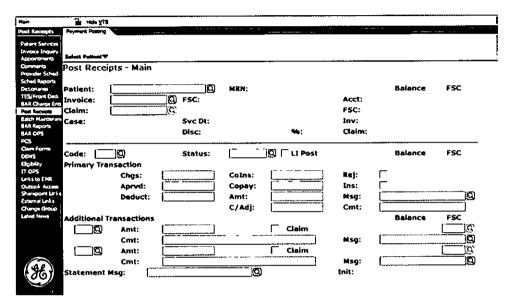
INVOICE LEVEL COMMENTS PAYMENTS DENIAL CODES/REASONS

- Obtain the TMHP R&S Report from the TMHP provider portal or the MPIP Repository
- Obtain Superior, El Paso First, Amerigroup, and Molina EOBs from the provider portal or the MPIP Repository

- Obtain GE Centricity EOBs for Superior, Amerigroup, El Paso First, and TMHP using the IT OPS function see attached instructions).
- 5. The denial information found on the R&S/EOB will determine if the invoice should be adjusted, appealed, or rebilled.
- 6. Review denial date on the EOB for submission within timely appeals deadline of 120 days and review the TMHP Filing Deadline Calendar for submission date deadlines. (Example included).

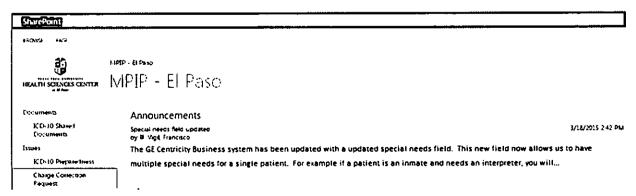
7. Adjustments

- Complete a Form A and obtain supervisor's signature
- Access the workfile and enter an invoice comment using the Post Receipts option 7 or 999 and paycode 74
- Submit Form A to MPIP office for adjustment (Sample Form A attached)



8. Paper Appeals

 If invoice requires a correction, complete a Form C using the SharePoint website: https://sharepoint.elpaso.ttuhsc.edu/support/mpip/SitePages/Home.aspx



- Specify Claim: N (selecting Claim Y will submit the claim electronically)
- Print new claim or request printed claim from MPIP
- Print the R&S/EOB

- Circle the invoice number on R&S/EOB
- Write the reason for the appeal on the bottom of the R&S
- Compile documentation in order: R&S/EOB, documentation, new claim. Pages should be numbered (1 of 3, 2 of 3, etc.)
- Make copies of all items for batching and scanning into MPIP repository
- · Send by U.S. Postal Service Certified Mail
- Access the workfile and enter an invoice comment using the Post Receipts option 7 or 999
 and paycode 74, record Certified Mail number

9. Rebill a Corrected Claim

- · Review account to ensure no payment has been issued or received
- Claim must be within the 95-day filing deadline
- · Complete a Form C using the SharePoint website
- Specify Claim: Y to submit claim electronically
- Access the workfile and enter an invoice comment using the Post Receipts option 7 or 999 and paycode 74

10. Online appeals

Online appeals are available on the provider portals for TMHP, Molina Texas, El Paso First, and Superior Health Plan.

The process is similar to the paper appeal process; however, the portal allows for uploading and submission of documentation and eliminates the need for mailing.

11. Self-Pay Charges

Charges determined after adjudication to be patient responsibility, including ineligibility of benefits or non-covered services, are billed to the patient. Some exceptions may apply if the services are covered under the Hospital District MSA program. Charges are billed to the patient if the patient failed to notify TTUHSC of Medicaid coverage within the filing deadline.

Printing of Explanation of Benefits through Centricity Business EDI

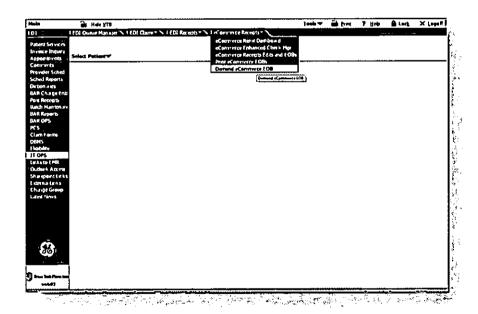
Explanation of benefits will be available for printing directly through Centricity Business EDI for plans that have transitioned to eCommerce remits. The EOBs will no longer be included in the scanned payment batches in the document repository for Blue Cross or United HealthCare. The following plans have transitioned to eCommerce remits:

- Blue Cross Blue Shield as of 11/8/13
- El Paso First as of 10/28/13
- HealthCare Options as of 10/28/13
- Preferred Administrators as of 11/4/13
- United HealthCare as of 10/28/13
- Medicare/Novitas as of 1/24/14
- Cigna as of 1/15/2015
- Humana as of 1/15/2015
- Aetna as of 1/15/2015
- Amerigroup as of 3/1/15

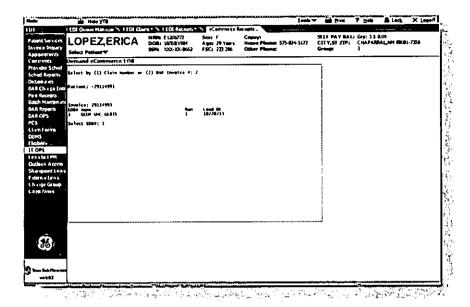
Procedure for Printing EOBs

In Centricity Business:

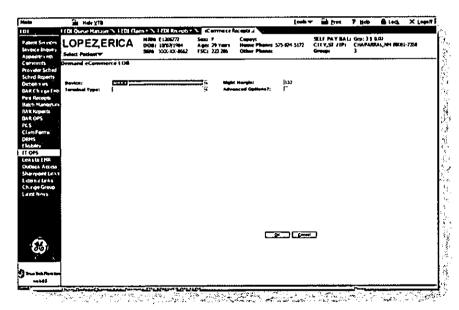
- -Select IT OPS
- -Select EDI
- -eCommerce Receipts
- -Demand eCommerce EOB



- -Select by (2) BAR invoice number
- -At Patient, enter invoice number in the following format: -12345678
- -At Select EOB#, enter the number of the desired EOB (ex. 1, 2)



-Select the Device for printing



TMHP FILING DEADLINE CALENDAR

Filing Deadline Calendar for 2015

Note: If the 95th or 130th day falls on a weekend or a holiday, the filing deadline is extended to the next business day.

note: y me s		,	Date of Comme	y y,	Contraction 13 CM	Date of Service	•	
Date of Service or Disposition	95 Days	120 Days	Date of Service or Disposition	95 Days	120 Days	or Disposition	95 Days	120 Days
			 		<u> </u>			
01/01 (001)	04/06 (096)	06/01 (121)	03/02 (061)	06/05 (156)	06/30 (181)	06/01 (121)	08/04 (216)	08/31 (243)
01/02 (002)	04/07 (097)	06/04 (124)	03/03 (062)	06/06 (159)	07/01 (182)	06/02 (122)	08/05 (217)	08/31 (243)
01/03 (003)	04/08 (098)	05/01 (124)	03/04 (063)	06/06 (159)	07/02 (183)	06/03 (123)	08/06 (218)	08/31 (243)
01/04 (004)	04/09 (099)	05/04 (124)	03/06 (964)	06/08 (159)	07/03 (184)	06/04 (124)	08/07 (213)	09/01 (244)
01/05 (005)	Off (100)	05/05 (125)	03/06 (065)	06/09 (160)	07/06 (187)	06/06 (125)	00/10 (222)	09/02 (245)
01/06 (006)	04/13 (103)	06/06 (126)	: 03/07 (066)	06/10 (161)	07/06 (187)	95/06 (126)	08/10 (222)	09/03 (246)
01/07 (007)	04/13 (103)	06/07 (127)	03/08 (067)	06/11 (162) 06/12 (163)	07/06 (187) 07/07 (188)	06/08 (128)	08/10 (222) 08/11 (223)	09/04 (247)
01/08 (008)	01/13 (103)	06/08 (128)	03/10 (062)	06/15 (166)	07/08 (189)	06/00 (129)	08/12 (224)	09/08 (251)
01/09 (009) 01/10 (010)	04/14 (104) 04/15 (105)	05/11 (131) 05/11 (131)	03/11 (070)	06/15 (166)	07/09 (190)	06/10 (130)	09/13 (225)	09/08 (251)
01/11 (011)	04/16 (106)	05/11 (131)	03/12 (0/1)	06/15 (166)	07/10 (191)	05/11 (131)	08/14 (226)	09/08 (251)
01/12 (012)	04/17 (107)	05/12 (132)	03/13 (0/2)	06/16 (167)	07/13 (194)	: 05/12 (132)	08/17 (229)	09/09 (252)
01/13 (013)	04/20 (110)	05/13 (133)	03/14 (0/3)	06/17 (168)	07/13 (194)	06/13 (133)	08/17 (229)	09/10 (253)
01/14 (014)	04/20 (110)	05/14 (134)	03/15 (0/4)	06/18 (169)	07/13 (194)	05/14 (134)	08/17 (229)	09/11 (254)
01/15 (015)	04/20 (110)	06/15 (135)	03/16 (075)	06/19 (170)	07/14 (195)	06/15 (135)	08/18 (230)	09/14 (25/)
01/16 (016)	04/21 (111)	05/18 (138)	03/17 (076)	06/22 (1/3)	07/15 (196)	OS/16 (136)	06/19 (231)	09/14 (257)
01/17 (017)	04/22 (112)	05/18 (138)	: 03/18 (077)	06/22 (173)	07/16 (197)	05/17 (137)	08/20 (232)	09/14 (257)
01/18 (018)	04/23 (113)	06/18 (138)	03/19 (0/8)	06/22 (1/3)	07/17 (198)	06/18 (138)	08/21 (233)	09/15 (258)
01/19 (019)	04/24 (114)	06/19 (130)	: 03/20 (0/9)	06/23 (1/4)	07/20 (201)	06/19 (139)	09/24 (236)	09/16 (259)
01/20 (020)	04/27 (11/)	06/20 (140)	03/21 (080)	06/24 (1/5)	07/20 (201)	: 05/20 (140)	08/24 (236)	09/17 (260) 09/18 (261)
01/21 (021) 01/22 (022)	04/27 (117) 04/27 (117)	06/21 (141) 06/22 (142)	03/22 (081)	06/25 (176) 06/26 (177)	07/20 (201) 07/21 (202)	05/21 (141)	08/24 (236) 08/25 (23/)	09/21 (264)
01/23 (023)	04/28 (118)	06/26 (146)	03/24 (083)	06/29 (180)	07/22 (203)	06/23 (143)	08/26 (238)	09/21 (264)
01/24 (024)	04/29 (119)	05/26 (146)	03/25 (084)	06/29 (180)	07/23 (204)	06/24 (144)	06/27 (239)	09/21 (264)
01/25 (025)	04/30 (120)	05/26 (146)	03/26 (005)	06/29 (190)	07/24 (205)	06/25 (145)	08/28 (240)	09/22 (205)
01/26 (026)	06/01 (121)	05/26 (146)	03/27 (086)	06/30 (181)	07/27 (208)	06/26 (146)	08/31 (243)	09/23 (266)
01/27 (027)	05/04 (124)	06/27 (147)	03/28 (087)	07/01 (182)	07/27 (208)	05/27 (147)	08/31 (243)	09/24 (267)
01/28 (028)	05/04 (124)	05/28 (145)	: 03/29 (088)	07/02 (183)	07/27 (208)	05/28 (148)	08/31 (243)	09/25 (268)
01/29 (029)	06/04 (124)	06/29 (149)	03/30 (089)	07/03 (184)	07/28 (200)	06/29 (149)	09/01 (244)	09/28 (2/1)
01/30 (030)	05/05 (125)	06/01 (152)	03/31 (090)	07/06 (187)	07/29 (210)	06/30 (150)	09/02 (245)	09/28 (271)
01/31 (031)	06/06 (126)	06/01 (152)	04/01 (091)	07/06 (187)	07/30 (211)	: 06/31 (151)	09/03 (245)	09/28 (271)
02/01 (032)	06/07 (127)	06/01 (152)	04/02 (092)	07/06 (187)	07/31 (212)	06/01 (152)	09/04 (247)	09/29 (2/2)
02/02 (033)	06/08 (128)	06/02 (153)	: 04001 (004) : 04003 (003)	07/07 (188) 07/08 (189)	08/03 (215) 08/03 (215)	06/02 (153) 06/03 (154)	09/08 (251) 09/08 (251)	09/30 (273) 10/01 (274)
02/03 (034) 02/04 (035)	05/11 (131)	06/03 (154) 06/04 (155)	04/06 (095)	07/09 (193)	09/03 (215)	06/04 (155)	09/08 (251)	10/02 (2/5)
02/05 (036)	05/11 (131)	06/05 (156)	04/06 (096)	07/10 (191)	08/04 (216)	06/05 (156)	09/08 (251)	10/05 (278)
02/06 (037)	06/12 (132)	06/08 (159)	04/07 (09/)	07/13 (194)	08/05 (217)	06/06 (157)	09/09 (252)	10/05 (278)
02/07 (038)	06/13 (133)	06/08 (159)	04/08 (098)	07/13 (194)	08/06 (218)	06/07 (158)	09/10 (253)	10/05 (278)
02/08 (039)	06/14 (134)	06/08 (159)	04/09 (099)	07/13 (194)	08/07 (219)	06/08 (159)	09/11 (254)	10/06 (279)
02/09 (040)	06/15 (135)	06/09 (160)	: 04/10 (1CO)	07/14 (195)	08/10 (222)	06/09 (160)	09/14 (257)	10/07 (280)
02/10 (041)	06/16 (138)	06/10 (161)	04/11 (101)	07/15 (196)	08/10 (222)	06/10 (161)	09/14 (257)	10/08 (281)
02/11 (042)	05/16 (138)	06/11 (162)	04/12 (102)	07/16 (197)	08/10 (222)	: 06/11 (162)	09/14 (257)	10/09 (282)
02/12 (043)	05/18 (138)	06/12 (163)	04/13 (103)	07/17 (198)	08/11 (223)	06/12 (163)	09/15 (258)	10/13 (286)
02/13 (044)	06/19 (139)	06/15 (166)	; 04/14 (104)	07/20 (201)	09/12 (224)	; 06/13 (164)	09/16 (250)	10/13 (286)
02/14 (045)	05/20 (140)	06/15 (166)	04/15 (105)	07/20 (201)	00/13 (225)	: 06/14 (165)	09/17 (260)	10/13 (286)
02/15 (046)	05/21 (141)	06/15 (166) 06/16 (167)	04/16 (106)	07/20 (201)	08/14 (226)	06/16 (166) 06/16 (167)	09/18 (261) 09/21 (264)	10/13 (286) 10/14 (287)
02/16 (047) 02/17 (048)	05/22 (142) 05/26 (146)	06/16 (167) 06/17 (168)	: 04/17 (107) : 04/18 (108)	07/21 (202) 07/22 (203)	09/17 (229) 09/17 (229)	06/17 (168)	09/21 (264)	10/15 (283)
02/18 (049)	05/26 (146)	06/16 (169)	04/19 (106)	07/23 (204)	08/17 (229)	06/18 (169)	09/21 (264)	10/16 (280)
02/19 (050)	06/26 (146)	06/19 (17C)	04/20 (110)	07/24 (205)	08/18 (230)	96/19 (170)	09/22 (265)	10/19 (202)
02/20 (CS I)	06/26 (146)	06/22 (173)	04/21 (111)	07/27 (208)	09/19 (231)	06/20 (171)	09/23 (266)	10/19 (292)
02/21 (052)	06/27 (147)	06/22 (173)	04/22 (112)	07/27 (208)	08/20 (232)	06/21 (172)	09/24 (267)	10/19 (292)
02/22 (053)	05/28 (148)	06/22 (173)	: 04/23 (113)	07/27 (208)	08/21 (233)	06/22 (173)	09/25 (268)	10/20 (293)
02/23 (054)	05/29 (149)	06/23 (174)	04/24 (114)	07/28 (209)	08/24 (236)	06/23 (174)	09/28 (271)	10/21 (294)
02/24 (055)	06/01 (152)	06/24 (175)	04/25 (115)	07/29 (210)	08/24 (236)	06/24 (175)	09/28 (271)	10/22 (295)
02/25 (056)	06/01 (152)	06/25 (176)	04/26 (116)	07/30 (211)	08/24 (236)	06/25 (1/6)	09/28 (2/1)	10/23 (296)
02/26 (05/)	06/01 (152)	06/26 (177)	04/27 (117)	07/31 (212)	08/25 (237)	06/26 (1/7)	09/29 (272)	10/26 (299)
02/27 (058)	06/02 (153)	06/29 (180)	: 04/28 (118)	08/03 (215)	08/26 (238)	; 06/27 (1/8)	09/30 (273)	10/26 (299)
02/28 (059)	06/03 (154)	06/29 (180)	04/29 (119)	08/03 (215)	08/27 (239)	06/28 (1/9)	10/01 (274)	19/26 (299)
03/01 (060)	06/04 (155)	06/29 (180)	: 04/30 (120)	08/03 (215)	08/28 (240)	:	Contini	ued on page 2
			:			<u>: </u>		

art Disposition w 51 Pay 120 Days of Disposition w 52 Pay 120 Days	Date of Service			Date of Service			Date of Service		
0629 (190) 1002 (275) 1027 (200) 0670 (243) 1202 (337) 1228 (352) 1102 (306) 2006 (205) 0706 (205) 0670 (101) 1006 (278) 1078 (201) 0670 (244) 1207 (341) 1207 (354) 1408 (307) 2006 (205) 0706 (205) 0707 (1012) 1006 (278) 1079 (202) 1070 (202) 1207 (341) 1207 (354) 1409 (307) 2006 (203) 0707 (201) 1006 (278) 1070 (202) 1070 (202) 1207 (341) 1207 (354) 1408 (200) 1406 (200) 0200 (202) 0707 (201) 1006 (278) 1070 (202) 1070 (202) 1207 (341) 1207 (341) 1207 (354) 1408 (200) 1406 (201)	or Disposition	95 Days	120 Days	or Disposition	95 Days	120 Days	or Disposition	95 Days	120 Days
06729 (180) 1002 (275) 1027 (200) 0670 (243) 1202 (338) 1272 (353) 1172 (305) 2070 (103) 06	Continued for	un nour l		08/29 (241)	12/02 (336)	12/28 (362)	10/31 (304)	02/03 (034)	02/29 (060)
0909 (181) 1000 (278) 1078 (201) 0909 (224) 1207 (341) 1207 (354) 1309 (307) 0909 (309)	· zammana jie	an back .							02/29 (060)
0707 (193) 1006 (278) 1079 (027) 0070 (265) 1207 (341) 1204 (355) 1104 (306) 0206 (039) 0305 (030) 0307 (030)	06/29 (180)								03/01 (061)
97072 (183) 1006 (278) 1102 (356) 0907 (224) 1207 (311) 0104 (204) 1106 (310) 0208 (025) 0207 (027) 0706 (186) 1007 (230) 1102 (356) 0906 (248) 1200 (313) 0104 (004) 11107 (311) 0210 (041) 0207 (027) 0706 (186) 1007 (230) 1102 (356) 0906 (248) 1200 (313) 0104 (004) 11107 (311) 0210 (041) 0207 (027) 0706 (186) 1009 (232) 1103 (356) 1104 (308) 0907 (257) 1211 (315) 0106 (005) 1100 (312) 0212 (043) 0006 (248) 1211 (315) 0106 (005) 1100 (312) 0212 (043) 0006 (258) 1211 (315) 0106 (005) 1100 (312) 0212 (043) 0007 (277) 0107 (047) 0007 (278) 1211 (315) 0106 (005) 1100 (312) 0212 (043) 0007 (027) 0107 (047) 0707 (188) 0103 (286) 1106 (300) 0900 (252) 1211 (315) 0106 (005) 1110 (313) 0212 (043) 0007 (077) (
07004 (185)									
07/08 (186) 1007 (280) 1102 (365) 0906 (228) 1200 (313) 0104 (004) 1107 (317) 0207 (627) 0207 (687) 0006 (28) 1102 (304) 0104 (304) 0107 (327) 0207 (687) 0007 (287) 0107 (328)		-							
07076 (187) 0706 (282) 1470 (307) 0907 (250) 1271 (345) 0706 (055) 11706 (313) 0712 (034) 0707 (0707 (0707) 1706 (188) 10713 (266) 14704 (308) 0907 (252) 12714 (348) 0406 (055) 11706 (313) 0712 (047) 0707 (0708) (188) 10713 (266) 14704 (308) 0907 (252) 12714 (348) 0406 (056) 11716 (314) 02716 (047) 0707 (0709) 10713 (256) 14706 (313) 09712 (253) 12714 (348) 0408 (008) 11713 (317) 02716 (047) 0707 (0709) 10713 (256) 14706 (313) 09712 (253) 12714 (348) 0408 (008) 11713 (317) 02716 (047) 0707 (0710) (191) 10713 (256) 14706 (313) 09712 (255) 12716 (320) 04714 (071) 11713 (317) 02716 (047) 02714 (071) 07712 (021) 10714 (259) 14700 (313) 09712 (255) 12716 (320) 04714 (071) 11714 (318) 02717 (048) 07712 (021) 10716 (259) 14710 (313) 09712 (255) 12716 (350) 04714 (071) 11713 (317) 02719 (055) 07714 (105) 10719 (202) 14712 (316) 09714 (259) 12712 (355) 04714 (0714) 11713 (317) 02719 (055) 07716 (107) 10719 (022) 14712 (316) 09712 (259) 12712 (355) 04714 (0714) 11713 (321) 02722 (053) 07716 (107) 10712 (202) 14716 (320) 09712 (253) 12723 (355) 04714 (0714) 11713 (322) 02722 (053) 07716 (107) 10712 (202) 14716 (320) 09712 (253) 12723 (355) 04714 (0714) 11716 (320) 09712 (253) 14716 (320) 14716 (320) 14716 (320) 14716 (320) 14716 (320) 14716 (320) 14716 (320) 14716 (320) 14716 (320) 14716 (320	07/04 (185)								03/07 (067)
07076 (189) 1013 (286) 1104 (208) 0000 (252) 1214 (318) 0106 (006) 11716 (314) 0216 (047) 0070 (070 (070 (070 (070 (070 (070 (0	07/06 (186)	10/08 (281)	11/02 (306)			01/04 (004)	11/08 (312)	02/11 (042)	03/07 (CG7)
07706 (1990) 10713 (2885) 11706 (1009) 09706 (252) 12714 (318) 01707 (1071) 11714 (315) 02716 (047) 02710 (101) 10713 (2885) 11706 (1013) 09716 (252) 12714 (318) 01716 (1013) 11712 (316) 02716 (1017)	07/06 (187)								
0770 (190)									
07/10 (1921)									
07/14 (102)									
07/12 (193)	07/11 (192)	*					•		03/14 (074)
07/14 (195) 10419 (202) 11/12 (316) 09418 (258) 12/21 (355) 01/14 (014) 11/14 (322) 02/22 (053) 02/14 (074) 07/15 (196) 1049 (202) 11/13 (317) 09418 (259) 12/21 (355) 01/14 (014) 11/18 (322) 02/22 (053) 02/14 (074) 07/17 (198) 1020 (203) 11/16 (320) 09418 (261) 12/22 (355) 01/18 (015) 11/19 (323) 02/22 (053) 02/14 (074) 07/17 (198) 1020 (203) 11/16 (320) 09418 (261) 12/22 (356) 01/18 (015) 11/10 (323) 02/22 (055) 02/14 (051) 07/19 (199) 1021 (2041) 11/16 (320) 09418 (262) 12/22 (357) 01/18 (019) 11/21 (325) 02/24 (055) 02/21 (051) 07/19 (199) 1023 (205) 11/16 (320) 09428 (262) 12/22 (352) 01/18 (019) 11/22 (375) 02/22 (055) 02/21 (051) 07/10 (202) 10/22 (209) 11/16 (320) 09428 (263) 12/22 (352) 01/18 (019) 11/22 (377) 02/28 (057) 07/12 (203) 10/26 (209) 11/16 (322) 09422 (265) 12/22 (352) 01/12 (019) 11/23 (377) 02/28 (057) 07/12 (203) 10/26 (209) 11/20 (324) 09422 (265) 12/22 (352) 01/22 (002) 11/24 (328) 02/22 (006) 02/24 (058) 07/12 (203) 10/26 (209) 11/20 (324) 09422 (265) 12/22 (352) 01/22 (025) 11/24 (320) 02/22 (050) 02/24 (058) 07/12 (203) 10/26 (209) 11/20 (324) 09422 (265) 12/20 (354) 01/22 (025) 11/24 (330) 02/22 (050) 02/24 (051) 07/12 (203) 10/26 (300) 11/23 (327) 09422 (277) 09422 (277) 01/20 (300) 01/22 (323) 02/20 (300) 02/22 (303) 07/12 (203) 10/26 (300) 11/23 (327) 09422 (277) 01/20 (304) 01/22 (305) 11/20 (334) 00901 (061) 07/12 (209) 11/20 (303) 11/24 (333) 09422 (271) 01/20 (304) 01/22 (305) 01/20 (303) 01/20 (304) 07/12 (209) 11/20 (303) 11/24 (333) 09422 (272) 01/20 (304) 01/22 (305) 02/20 (303) 02/20 (303) 02/20 (303) 02/20 (304) 07/12 (211) 11/20 (304) 01/20 (304) 01/20 (304) 01/20 (304) 01/20 (304) 01/20 (304) 01/20 (304) 01/20 (304) 01/20 (304) 01/20 (304) 01/20 (304) 01/20 (304) 01/20 (304) 01/20	07/12 (193)	10/15 (288)	11/09 (313)			01/11 (011)	11/15 (319)		03/14 (074)
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FORM A

Prepared by:						Approved by:			
Date:						Date:			
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TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER EL PASO MEDICAL PRACTICE INCOME PLAN POLICY AND PROCEDURE

Revised Date:

10/01/2014

Effective Date:

04/01/2015

Ana Deslongchamps,

Unit Associate Director

Frank Stout

Assoc Dean/Asst VP, Finance and Administration

Steven M. Wagner, MPIP Managing Director

MP1P Managing Director

Department: BAC-Billing and Collections

TITLE: Medicaid/Medicaid Managed Care Collections

Policy#: BAC 14

Policy: The purpose of this policy is to outline the procedure for billing and collection of services provided to Medicaid recipients. TTUHSC files electronic claims daily on behalf of individuals covered by Medicaid programs, including but not limited to Traditional Medicaid, Medicaid Managed Care, Emergency Medicaid, Texas Women's Health Program, Children with Special Health Care Needs (CSHCN), New Mexico Medicaid, and out-of-state Medicaid plans. Paperless Collection System (PCS) workfiles are utilized to identify invoices remaining for 30 days requiring follow-up and to identify claims that were denied and require review for appeal. The business office will research any information needed to adjudicate a claim and requests assistance from departments as needed.

Procedures:

- Medicaid claims are billed for services where eligibility has been verified. Where eligibility cannot be verified, the patient is classified as self-pay.
- Traditional Medicaid, Emergency Medicaid, Texas Women's Health Program, and CSHCN claims bill daily and electronically to TMHP; the filing deadline is 95 days from the date of service, member certification date, or provider enrollment date.
- 3) Medicaid Managed Care claims bill daily and electronically to various contracted Managed Care providers, including but not limited to Amerigroup, El Paso First Health Plans, Molina, and Superior. The filing deadline is 95 days from the date of service.
- 4) New Mexico Medicaid and Managed Care claims bill daily and electronically to the appropriate plans, including but not limited to ACS, Molina, Presbyterian, Blue Cross Blue Shield, and Centennial plans; the filing deadline is 90 days from the date of service.
- Out-of-state Medicaid plans bill daily and electronically or on paper within the filing deadlines specified by each plan.
- 6) Designated employees review and correct all rejections found on the daily claims edit list located on the MPIP Shared Drive under MPIP Reference/Edit List. Rejections are caused by missing insurance information, invalid place of service, missing diagnosis, FSC mismatch, provider non-

- participation, etc. MPIP employees work with department certified coders to resolve coding issues and report excessive and/or unusual rejection issues to the billing and collections supervisor or manager. Claim edits are resolved within 3 business days
- Designated employees review and correct all rejections found on the daily GE eCommerce EDI claims portal, which may be accessed at https://edi.idxasp.com/ecttuweb/Login.action. Rejections are caused by missing or invalid insurance information, place of service, diagnosis, provider non-participation, etc. MPIP employees work with department certified coders to resolve any coding issues and report any excessive and/or unusual rejection issues to the billing and collections supervisor or manager. Claim edits are resolved within 3 business days.
- 8) Designated employees review the assigned PCS daily workfiles and follow-up invoices that remain for 30 days. Follow-up is performed using provider portals when available and by telephone. Follow-up may include verification and update insurance eligibility and re-queuing of claims.
- 9) Designated employees for all New Mexico Medicaid and out-of-state plans review assigned PCS daily workfiles and research denied claims requiring appeal. The employee determines reasons for the denial and performs necessary actions to correct or appeal the claims, including corresponding with MPIP or department certified coders for review of proper coding and/or billing guidelines, obtaining medical records, and communicating with claim department personnel. Claims are appealed online when possible, followed by telephone and written appeals. The appeal deadline for NM Medicaid and Managed Care plans ranges from 90 to 365 days from the denial date noted on the latest explanation of benefits.
- 10) A minimum of 55 workfile accounts are processed on a daily basis. After claims have been appealed, a 30-day tickler placed on the invoice alerts the designated employee of payer non-response. Status of the appeal is reviewed primarily online, followed by telephone call to the payer's claims department.
- Texas Medicaid denials are appealed by the departments. Texas Medicaid denied claims are placed at the Medicaid Pending Appeal FSC 335 and transfer into the departments' Paperless Collection System (PCS) workfiles for processing. MPIP employees assist departments by providing proof of timely filing transmission reports generated from the GE eCommerce EDI claims portal or printing paper claims. MPIP designated employees process correspondence related to denials and appeals and forward to the appropriate department for review. Correspondence denials relating to eligibility and benefits are processed by MPIP employees, who update the eligibility information and bill the claim to the appropriate plan.
- 12) Charges determined after adjudication to be patient responsibility, including ineligibility of benefits or non-covered services, are billed to the patient. Some exceptions may apply if the services are covered under the Hospital District MSA program. Charges are billed to the patient if the patient failed to notify TTUHSC of Medicaid coverage within the filing deadline.

RESPONSIBILITIES

1) Medical Billing Associate (MBA) 1, Senior MBA 1, and Senior Business Assistants 1 and 2: Texas, New Mexico, and out-of-state/network claim edits, EDI rejections, correspondence, follow-up, and appeals.

TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER EL PASO MEDICAL PRACTICE INCOME PLAN POLICY AND PROCEDURE

Revised Date:

10/01/2014

Effective Date:

Frank Stout

04/01/2015

Ana Deslongchamps, Unit Associate Director

nit Associate Director

The Washer

Assoc Dean/Asst VP, Finance and Administration

MPIP Managing Director

Department: BAC-Billing and Collections

TITLE: Financial Status Classification (FSC) Guide and Claim Filing Deadlines

Policy#: BAC 15

Policy: The purpose of this policy is to outline the procedure for distributing insurance Financial Status Classification (FSC) and claim filing deadline information. Patients are assigned FSCs in GE Centricity Business that indicate insurance plan and claim filing information. Most payers have specific deadlines for initial claim and appeals submissions. A commonly used FSC Guide is distributed to the MPIP business office and departments on a yearly basis and as needed upon request.

Procedures

- MPIP Billing and Collections managers maintain and update a listing of the most commonly used insurance FSCs and filing deadlines associated with each plan. The FSC Guide contains the following information:
 - FSC number
 - FSC mnemonic
 - Tax ID number associated with the plan
 - Description of the FSC name
 - · Filing Deadline
 - Appeal Deadline
- 2) The FSC Guide is distributed to MPIP employees and department managers and supervisors by email on a yearly basis, most commonly at the beginning of each calendar year when most FSC changes occur. The listing is also provided as needed upon request.

RESPONSIBILITIES

1) Billing and Collections managers 1 and 2: maintain and update FSC Guide

FSC GUIDE

ļ		Mnemonic	Tax ID	TMHP MEDICAID	Filing Deadline	Appeal Deadline	
Ì	FSC 303	MCAID	75-2668018	Medicaid-Traditional/SSI/ER	95 days from DOS or add date	120 days from R&S Rejection	
	315	PMC	75-2668018	Medicaid Pending (Registration FSC only)	365 days from DOS	120 days from R&S Rejection	
i	516	SSIP	75-2668018	Medicaid SSI Pending (Registration FSC only)	365 days from DOS	120 days from R&S Rejection	
ł	620	EPSDT	75-2668018	EPSDT	95 days from DOS or add date	120 days from R&S Rejection	
}	318	CIDC	75-2668018	Children with Special Needs	95 days from DOS or add date	120 days from R&S Rejection	
ł		TXWH	75-2668018	TX Women's Health	95 days from DOS or add date	120 days from R&S Rejection	
}	399			Medicaid Secondary to Traditional Medicare	95 days from Insurance EOB	120 days from R&S Rejection	
}	308	MAM	75-2668018				
ļ	309	MAC	75-2668018	Medicaid Secondary to Non-Contracted MAP	95 days from DOS or Insurance EOB	120 days from R&S Rejection	
ļ	847	MAMA	75-2668018	Medicald Secondary to Contracted MAP			
	prior to 2/1/13			SUPERIOR HEALTH PLAN MEDICALD			
640	364	ESC	75-2668018	SUPERIOR EPSOT	95 days from DOS	120 days from R&S Rejection	
440	361	SHP	75-2668018	SUPERIOR HEALTH PLAN	95 days from DOS	120 days from R&S Rejection	
386	386	IMMA	75-2668018	SUPERIOR IMM/Behavioral Health	95 days from DOS	120 days from R&5 Rejection	
440	766	SHPS	75-2668018	SUPERIOR SECONDARY	95 days from Insurance EO8	120 days from R&S Rejection	
620		MSSE	75-2668018	SUPERIOR SSI EPSOT	95 days from DOS or add date	120 days from R&S Rejection	
303		MSS	75-2668018	SUPERIOR SSI MEDICAID	95 days from DOS or add date	120 days from R&S Rejection	
				MOUNA TEXAS MEDICAID			
	493	MTSM	75-2668018	Molina Texas Star Medicald (Regular & SSI)	95 days from DOS	120 days from R&S Rejection	
	495	MISP	75-2668018		95 days from DOS	120 days from R&S Rejection	
	308	MAM	75-2668018		95 days from Insurance EOB	120 days from R&S Rejection	
	309	MAC		Molina Secondary to Non-Contracted MAP	95 days from Insurance EOB	120 days from R&S Rejection	
			75-2668018		33 days from miscrance con	120 days from has hejeard	
	847	MAMA	75-2668018	Molina Secondary to Contracted MAP			
				AMERIGROUP TEXAS MEDICAID			
Į	585	AMO	75-2668018	Amerigroup TX Medicaid (Regular & 551)	95 days from DOS	120 days from R&S Rejection	
i	568	AME	75-2668018	Amerigroup TX Medicaid (THSteps-EPSDT)	95 days from DOS	120 days from R&S Rejection	
i	308	MAM	75-2668018	Amerigroup Secondary to Traditional Medicare	95 days from Insurance EOB	120 days from R&S Rejection	
ì	309	MAC	75-2668018	Amerigroup Secondary to Non-Contracted MAP	95 days from Insurance EOB	120 days from R&S Rejection	
1	847	MAMA	75-2668018	Amerigroup Secondary to Contracted MAP			
	04/	- American	, , 200dU18				
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	363	EPF	75-2674893	EL PASO FIRST HEALTH NETWORK	95 days from DOS	120 days from R&S Rejection	
	367	EEPF	75-2674893	EPF-EPSDT	95 days from DOS	120 days from R&S Rejection	
(373	MSEP	75-2674893	EPF-SSI	95 days from DOS or add date	120 days from R&S Rejection	
- 1	473	EPSOT	75-2674893	EPF-SSI-EPSDT	95 days from DOS or add date	120 days from R&S Rejection	
ì	768	EPFS	75-2674893	EPF-SECONDARY	95 days from Insurance EOB	120 days from R&R Rejection	
ļ				EDICAID OUTSIDE OF EL PASO COUNTY (WITHIN TEX			
	234	MON		OUT OF COUNTY MEDICAID	Call and verify	Call and verify	
			75-2668018			Call and verify	
	345	MFS	75-2668018	FIRST CARE MEDICAID HMO	Call and verify	Call and Verify	
				NEW MEXICO MEDICAID			
1	285	ANMS	75-2668018	AMERIGROUP NM MEDICAID PRIMARY/SECONDARY		1 year from R & 5 Rejection	
	287	BCBSS	75-2668018	BLUE CROSS BLUE SHIELD SALUD	6 months from DOS	90 days from R & S Rejection	
1	358	CSM	75-2668018	MOUNA NM	90 days from DOS	90 days from R&S Rejection	
i	301	NMMC	75-2668018	NM MEDICAID	90 days from DOS or 120 days/crt da	90 days from R & S Rejection	
	653	MP5	75-2668018	PRESBYTERIAN SALUD	90 days from DOS	1 year from DOS	
1		OMC			90 days from DOS	1 year from R & S Rejection	
1	302	UML.	75-2668018	UNITED HEALTHCARE	3000311011003	2 year trong to a sinc je circuit	
				OUT OF STATE MEDICAID			
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e# 2/1/13	302 perfect to 2/1/13 257 419 496 459 497	OMC CEPF EPCP MTSC MCHE MTPN	75-2668018 75-2674893 75-2674893 75-2668018 75-2668018 75-2668018	OUT OF STATE MEDICAID ALL OUT OF STATE MEDICAID CHIP PROGRAMS El Paso First EL Paso First Perinate Program Molina TX Molina TX Perinate Molina TX Perinate	Call and verify 95 days from OOS 95 days from DOS 95 days From OOS	Call and verify 120 days from R&S	
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639 389 443	302 prior to 2/1/13 257 419 496 497 696 456 389 417 256 214 200 223	OMC CEPF EPCP MTSC MCHE MTPN MTCE CHIE IMCH CHPP CHIP HOS MED MPM	75-2668018 75-2674893 75-2674893 75-2668018 75-2668018 75-2668018 75-2668018 75-2668018 75-2668018 75-2668018 75-2668018 75-2668018 75-2668018	OUT OF STATE MEDICAID ALL OUT OF STATE MEDICAID CHIP PROGRAMS El Paso First Perinate Program Molina TX Molina TX PSDT Molina TX PERDT Molina TX PERDT Superior EPSDT Superior EPSDT Superior PSDT Superior PSDT Superior PSDT Superior PSDT MEDICARE PROGRAMS HOSPICE MEDICARE PTOMAIN MEDICARE PTOMINARY TO MEDICAID	Call and verify 95 days from DOS 12 months from DOS 12 months from DOS 12 months from DOS	Call and verify 120 days from R&S 120 days from R&S 120 days from R&S 120 days from R&S 120 days from R&S 120 days from R&S 120 days from R&S 120 days from R&S 120 days from R&S 120 days from R&S 120 days from R&S 120 days from R&S 120 days from R&S 120 days from R&S 120 days from R&S 120 days from R&S 120 days from EOB 120 days from EOB	
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639 389 443	302 257 419 496 459 497 696 389 417 256 214 200 223 224 202 224 207 278	OMC CEPF EPCP MTSC MTSC MTSC MTPN MTCE CHIE IMACH CHIPP CHIP HOS MED MPM MEC RRMM REC RRMM RRMS SNF	75-2668018 75-2674893 75-2674893 75-2658018 75-2668018 75-2668018 75-2668018 75-2668018 75-2668018 75-2668018 75-2668018 75-2668018 75-2668018 75-2668018 75-2668018 75-2668018 75-2668018 75-2668018 75-2668018 75-2668018 75-2668018 75-2668018	OUT OF STATE MEDICAID ALL OUT OF STATE MEDICAID CHIP PROGRAMS EI Paso First Perinate Program Molina TX Molina TX PESDT Molina TX PESDT Molina TX PERDT Superior FESDT Superior FESDT Superior FESDT Superior FESDT Superior FESDT MEDICARE PROGRAMS HOSPICE MEDICARE PROGRAMS HOSPICE MEDICARE TRADITIONAL MEDICARE PRIMARY TO MEDICAID MEDICARE RAIROAD MEDICARE RAIROAD MEDICARE SECONDARY Skilled Nursing Fadility MEDICARE PLANS AETNA MEDICARE ADVANTAGE All Non-Contracted Medicare HIMOS	Call and verify 55 days from DOS 12 months from DOS	Call and verify 120 days from R&S 120 days from R&S 120 days from R&S 120 days from R&S 120 days from R&S 120 days from R&S 120 days from R&S 120 days from R&S 120 days from R&S 120 days from R&S 120 days from R&S 120 days from R&S 120 days from R&S 120 days from R&S 120 days from EOB 120 days from EOB 120 days from EOB 120 days from EOB 120 days from EOB 120 days from EOB 120 days from EOB 120 days from EOB 120 days from EOB 120 days from EOB 120 days from EOB	
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639 389 443	302 302 prior to 2/1/13 257 419 496 497 696 456 389 417 256 214 200 221 224 202 835 278 846 245 850 862	OMC CEPF EPCP MTSC MGCHE MTPN MTCE CHIE INNCH CHPP CHIP HOS MED MPM MEC RRM RRMS SNF AMA MHO AWMA	75-2668018 75-2668018 75-2668018 75-2668018 75-2668018 75-2668018 75-2668018 75-2668018 75-2668018 75-2668018 75-2668018 75-2668018 75-2668018 75-2668018 75-2668018 75-2668018 75-2668018 75-2668018 75-2668018 75-2668018	OUT OF STATE MEDICAID ALL OUT OF STATE MEDICAID CHIP PROGRAMS El Paso First EL Paso First Perinate Program Molina TX Molina TX Perinate Molina TX Prinate Molina TX Perinate Molina TX Perinate Molina TX Perinate Molina TX Perinate Superior FRODT Superior IMHS Behavioral Health Superior Perinate Program Superior Perinate Program MEDICARE PROGRAMS HOSPICE MEDICARE-Traditional MEDICARE-TRADITIONAL MEDICARE-TRADITIONAL RAILROAD MEDICARE RAILROAD MEDICARE SECONDARY Skilled Nursing Fadility MEDICARE MANAGED CARE PLANS AETNA MEDICARE ADVANTAGE AII NON-CONTACTED MEDICARE ADVANTAGE AMERIGROUP MEDICARE ADVANTAGE AMERIGROUP MEDICARE ADVANTAGE	Call and verify 55 days from DOS 12 months from DOS 13 months from DOS 14 months from DOS 15 months from DOS 16 days from DOS 17 months from DOS 18 months from DOS 19 days from DOS 19 days from DOS	Call and verify 120 days from R&S 120 days from R&S 120 days from R&S 120 days from R&S 120 days from R&S 120 days from R&S 120 days from R&S 120 days from R&S 120 days from R&S 120 days from R&S 120 days from R&S 120 days from R&S 120 days from R&S 120 days from R&S 120 days from R&S 120 days from EOB 120 days from EOB 120 days from EOB 120 days from EOB 120 days from EOB 120 days from EOB 120 days from EOB 120 days from EOB 120 days from EOB 120 days from EOB 120 days from EOB 120 days from EOB 120 days from EOB 120 days from EOB 120 days from EOB 120 days from EOB	EH 7/1/14
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639 389 443	302 302 302 302 257 419 496 497 696 459 497 696 358 417 256 214 200 223 224 202 835 277 872 841 860 861 842 824 817	OMC CEPF EPCP MTSC MCHE MTPN MTCE CHIE IMCH CHIP HOS MED MPM MEC RRM RRMS SNF AMA AMAP AWMA MAHI IMAG HUWMA ISMH IMAG UHFM	75-2668018 75-2668018	OUT OF STATE MEDICAID ALL OUT OF STATE MEDICAID ALL OUT OF STATE MEDICAID CHIP PROGRAMS EI Paso First Perinate Program Molina TX Molina TX PSDT Molina TX PERDT Molina TX PERDT Superior PERDT Superior PERDT Superior MIMIS Behavioral Health Superior Perinate Program Superior MIMIS Behavioral Health Superior MIMIS Behavioral Health Superior MIMIS Behavioral Health Superior MIMIS Behavioral Medical MEDICARE PROGRAMS HOSPICE MEDICARE-Traditional MEDICARE PROGRAMS HOSPICE MEDICARE PROGRAMS MODICARE PROGRAMS MEDICARE PROGRAMS MEDICARE PROGRAMS MEDICARE FROMARY TO MEDICAID MEDICARE SECONDARY Skilled Nursing Fadility MEDICARE MANAGED CARE PLANS ALTINA MEDICARE ADVANTAGE AII NON-CONTRACTED MEDICARE ADVANTAGE AII NON-CONTRACTED MEDICARE ADVANTAGE BIENVIVIR MEDICARE ADVANTAGE BENVIVIR MEDICARE CAREIST HEALTH PLAN/WELLMED HEALTHSPRING/WELLMED HUMANIA PAJAVECI HUMANIA PAJAVECI HUMANIA PAJAVECI UFE SYNCH MENTAL HEALTH OVELACE MEDICARE ADVANTAGE (NON-contracted MOUNA MEDICARE CANNS) UNITED HEALTHCARE FOCUS/WELLMED	Call and verify 55 days from DOS 12 months from DOS 13 months from DOS 50 days from DOS	Call and verify 120 days from R&S 120 days from R&S 120 days from R&S 120 days from R&S 120 days from R&S 120 days from R&S 120 days from R&S 120 days from R&S 120 days from R&S 120 days from R&S 120 days from R&S 120 days from R&S 120 days from R&S 120 days from R&S 120 days from R&S 120 days from EOB 120 days from EOB 120 days from EOB 120 days from EOB 120 days from EOB 120 days from EOB 120 days from EOB 120 days from EOB 120 days from EOB 120 days from EOB 120 days from EOB 60 days from EOB	Eff 1/1/14; WellMed 7/1/ Eff 7/1/13 Eff 1/1/14
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639 389 443	302 302 302 307 308 309 307 419 497 696 459 497 696 389 417 256 214 200 221 224 202 224 202 278 835 278 846 245 850 860 813 860 813 861 819 840	OMC CEPF EPCP MTSC MCHE MTPN MTCE CHE IMCH CHPP CHIP HOS MED MRED MRED MRED MRED MRED MRED MRED	75-2668018 75-2668018	OUT OF STATE MEDICAID ALL OUT OF STATE MEDICAID ALL OUT OF STATE MEDICAID CHIP PROGRAMS EI Paso First EL Paso First Perinate Program Molina TX Molina TX PESDT Molina TX PESDT Molina TX Perinate Molina TX PHINATE Molina TX PESDT Superior PESDT Superior MIMES Behavioral Health Superior MIMES Behavioral Health Superior MIMES Behavioral Health Superior MIMES Behavioral Health MEDICARE PROGRAMS HOSPICE MEDICARE PROGRAMS HOSPICE MEDICARE TRAditional MEDICARE PRIMARY TO MEDICAID MEDICARE SECONDARY TO COMMERCIAL RAILROAD MEDICARE RAILROAD MEDICARE RAILROAD MEDICARE SECONDARY Skilled Nursing Fadility MEDICARE ANANGED CARE PLANS AETIA MEDICARE ADVANTAGE AII NON-CONITACTED MEDICARE ADVANTAGE AMERIGROUP MEDICARE ADVANTAGE AMERIGROUP MEDICARE ADVANTAGE MEDICARE ADVANTAGE HUMANA MEDICARE ADVANTAGE HUMANA MEDICARE ADVANTAGE PLANS HUMANA MEDICARE CAIMS UNITED HEALTHCARE FOCUS/WELLMED UNITED	Call and verify 55 days from DOS 12 months from DOS 13 months from DOS 14 months from DOS 50 days from DOS	Call and verify 120 days from R&S 120 days from R&S 120 days from R&S 120 days from R&S 120 days from R&S 120 days from R&S 120 days from R&S 120 days from R&S 120 days from R&S 120 days from R&S 120 days from R&S 120 days from R&S 120 days from R&S 120 days from R&S 120 days from EOB 120 days from EOB 120 days from EOB 120 days from EOB 120 days from EOB 120 days from EOB 120 days from EOB 120 days from EOB 120 days from EOB 120 days from EOB 120 days from EOB 120 days from EOB 130 days from EOB 140 days from EOB 150 days from EOB	Eff 1/1/14; WellMed 7/1/ Eff 7/1/13 Eff 1/1/14 Eff 1/1/14
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FSC	Mnemonic	Tax ID	COMMERCIAL	Filing Deadline	Appeal Deadline	1
700	AETIPA	752674893	Aetna	120 Days from DOS	Call and verify	j
883	ALHP	752668018	Allegian Health Plans	95 days from DO\$	90 days from denial	1
833	ag	752668018	Cigna/Great West	180 days from DOS	Call and verify	
717	C01	752668018	Commercial (Generic FSC, only use for non-contracted)	Call and verify	Call and verify]
700	AETTIPA	752668018	Conventry-AETNA NETWORK Mail Handlers/PCIP/GEHA Eff. 1/1/14	120 days from DOS	Call and verify	
215	FHE	752674893	First Health Network	Call and verify	Call and verify	
742	ACN	752668018	Health Scope/Advantage Care Network	Call and verify	Call and verify]
715	HPC	752674893	Health smart Preferred Care Systems	Call and verify	Call and verify	1
230	IMS	752674893	Integrated Medical Systems	Call and verify	Call and verify	1
413	MCRG	752674893	Medical Care Referral Group/Assured Benefits (MCRG)	Call and verify	Call and verify	7
780	MULTI	752674893	Multiplan	Call and verify	Call and verify	
713	PHCS	752668018	PHCS-Private Healthcare Systems	15 months from DOS	Call and verify	1
718	C02	752668018	Secondary Insurance(Generic FSC, only use for non-contracted)	Call and verify	Call and verify	1
408	ПС	752674893	Texas True Choice	Call and verify	Call and verify	1
717	C01	752668018	Three Rivers Provider Network	Call and verify	Call and verify	1
808	UHC	752668018	United Healthcare	90 days from DOS	Call and verify	1
	- U.K.	75200020	BLUE CROSS BLUE SHIELD OF TEXAS	1		1
712	FBC	752668018	Federal Blue Cross Blue Shield	12 months from DOS	12 months from denial	1
	BS	752668018	TX Blue Shield	12 months from DOS	12 months from denial	1
752				Call and verify	Call and verify	1
207	HMO	752674893	HMO Blue (providers added Jan 2012, Effective: 12/1/2011)	Call and verify	Call and verify	1
552	OBCBS	752668018	BCBS Out of State	Can and verify		ď
نسيك	ļ.,	ļ	EL PASO FIRST	. <u>1274 - 1284 - 1384 - 1383 - 1384 - 1386</u> Henry Johnson	120 Days from Daniel	4
255	EPFC	752674893	Health Care Options (HCO)	95 days from DOS	120 Days from Denial	1
854	EPFR	752674893	Preferred Administrators (RETGH/EPCH Employees/Dependents)	12 months from DOS	120 Days from Denial	4
		ļ	USA MCO			4
159	USA	752674893	USA Health Network	Call and verify	Call and verify	1
			TRICARE			1
220	СН	752674893	Champus/Tricare West (Active duty Members and	12 months from DOS	95 days from DOS]
			Dependents for services prior to 9/1/2011)]
					Í 	1
520	TWR	752668018	Tricare West Region (Active Duty Members and	12 months from DOS		1
324	IVV	/32000012		12 HORRIS TOTAL DOS		1
	-		Dependents for service dates 9/1/2011 through 3/31/2013	-		1
	<u> </u>		Deadline is 6/30/2013 to file charges prior to 4/1/2013; if you have	 		1
	ļ		charges after the deadline, please FSC 521 to send to address listed below.			-
					· · · · · · · · · · · · · · · · · · ·	4
521	TWPUH	752668018	PGBA Tricare West Region (Partnered with United Healthcare)	12 months from DOS	i	1
			(Active duty Members and Dependents for service dates effective 4/1/2013)			_
		i			<u> </u>]
220	СН	752674893	Tricare for Life (P.O. Box 7890 Madison, WI 53708)			
			Patients that have Medicare Primary and TFL Secondary			7
	†	i e	TRICARE (continued)	†		1
220	СН	752674893	Champ/VA (P.O. Box 469064 Denver, Co)	12 months from DOS	Call and verify	1
220	 	73207-033	(Must use the Social Security ID of the patient when billing)		,	1
	 	 	(Must use the social secontly to of the patient when brinning)			1
	 				05 (/ 005	┨
271	TSRH	752674893	Tricare South Region/Humana	12 months from DOS	95 days from DOS	ł
			VETERANS ADMINISTRATION	 		4
136	VA.	752668018	Veterans Administration (P.O. Box 640290 EPT 79904)	12 months from DOS	ļ	4
636	WPSVA	752668018	TriWest VAPC3 (PO Box 981646 EPT 79998-1646)	120 days from DOS		4
			INMATES	<u> </u>		J
739	UBP	752668018	Immigration/Border Patrol	1 year from DOS	1 year from denial	1
738	INS	752668018	Immigration/Customs & Border Protection	1 year from DOS	1 year from denial	1
~	†			1	45 days Mail to: 105	1
	1	1		1	Westpark Dr. Ste 200,	1
222		7575700-4	Origina Hamish &tonnana	len days	Brentwood TN 37027	1
327	OGP	752668018	Prison Health Management/Dona Ana (Corizon)	60 days		1
22	SD	75-2668018	Sheriff Department	No Deadline	No Deadline	1
		752668018	TX Dept Criminal Justice	No Deadline	No Deadline	4
	TDCJ	<u> </u>		IN - Deadline	1 year from denial	
79 174	USM	752668018		No Deadline		ď
		752668018	US Marshals LIWORKERS COMPENSATION			Í
		752668018 752668018		Majority of WC 95 days from DO	120 days from denial	
174 191	USM		IWORKERS COMPENSATION		120 days from denial 12 months from denial	
174 191 191	WC WC	752668018 752668018	LIWORKERS COMPENSATION Worker's Compensation Texas Mutual	Majority of WC 95 days from DO 95 Days from DOS		
174 191	USM WC	752668018	I WORKERS COMPENSATION Worker's Compensation Texas Mutual Federal Workmans Comp	Majority of WC 95 days from DO 95 Days from DOS	12 months from denial	
174 191 191 193	WC WC FWC	752668018 752668018	I WORKERS COMPENSATION Worker's Compensation Texas Mutual Federal Workmans Comp TEXAS REHAB (DARS)	Majority of WC 95 days from DO 95 Days from DOS 12 months from DOS	12 months from denial 12 months from denial	
174 191 191	WC WC	752668018 752668018	I WORKERS COMPENSATION Worker's Compensation Texes Mutual Federal Workmans Comp TEXAS REHAB (DARS) Rehabilitation	Majority of WC 95 days from DO 95 Days from DOS	12 months from denial 12 months from denial	
174 191 191 193 321	WC WC FWC	752668018 752668018 752668018	I WORKERS COMPENSATION Worker's Compensation Taxas Mutual Federal Workmans Comp TEXAS REHAB (DARS) Rehabilitation CRIME VICTIMS	Majority of WC 95 days from DO 95 Days from DOS 12 months from DOS 90 Days from surgery	12 months from denial 12 months from denial 中央中央社会社会 90 days from denial	
174 191 191 193	WC WC FWC	752668018 752668018	IWORKERS COMPENSATION Worker's Compensation Texas Mutual Federal Workmans Comp TEXAS REHAB (DARS) Rehabilitation CRIME VICTIMS Crime Victims	Majority of WC 95 days from DO 95 Days from DOS 12 months from DOS	12 months from denial 12 months from denial	
174 191 191 193 321 334	WC WC FWC	752668018 752668018 752668018 752668018	TWORKERS COMPENSATION Worker's Compensation Texas Mutual Federal Workmans Comp TEXAS REHAB (DARS) Rehabilitation CRIME VICTIMS Crime Victims HEALTH INSURANCE EXCHANGE (ACA/OBAMACARE) PLANS	Majority of WC 95 days from DO 95 Days from DOS 12 months from DOS 90 Days from surgery	12 months from denial 12 months from denial 13 months from denial 90 days from denial No Deadline	
174 191 191 193 321	WC WC FWC	752668018 752668018 752668018	TWORKERS COMPENSATION Worker's Compensation Texas Mutual Federal Workmans Comp TEXAS REHAB (DARS) Rehabilitation CRIME VICTIMS Crime Victims HEALTH INSURANCE EXCHANGE (ACA/OBAMACARE) PLANS	Majority of WC 95 days from DO 95 Days from DOS 12 months from DOS 90 Days from surgery No Deadline 95 days from DOS	12 months from denial 12 months from denial 13 months from denial 90 days from denial No Deadline 120 days from EOB	Eff <u>1/1/</u>
174 191 191 193 321 334	WC WC FWC	752668018 752668018 752668018 752668018	TWORKERS COMPENSATION Worker's Compensation Texas Mutual Federal Workmans Comp TEXAS REHAB (DARS) Rehabilitation CRIME VICTIMS Crime Victims HEALTH INSURANCE EXCHANGE (ACA/OBAMACARE) PLANS	Majority of WC 95 days from DO 95 Days from DOS 12 months from DOS 90 Days from surgery	12 months from denial 12 months from denial 13 months from denial 90 days from denial No Deadline	Eff 1/1/
174 191 191 193 321 334 465	WC WC FWC	752668018 752668018 752668018 752668018 752668018	I WORKERS COMPENSATION Worker's Compensation Texas Mutual Federal Workmans Comp TEXAS REHAB (DARS) Rehabilitation CRIME VICTIMS Crime Victims HEALTH INSURANCE EXCHANGE (ACA/OBAMACARE) PLANS Mollina Health Insurance Exchange (eff 1/1/14)	Majority of WC 95 days from DO 95 Days from DOS 12 months from DOS 90 Days from surgery No Deadline 95 days from DOS	12 months from denial 12 months from denial 13 months from denial 90 days from denial No Deadline 120 days from EOB	Eff 1/1/
174 191 191 193 321 334	WC WC FWC	752668018 752668018 752668018 752668018 752668018 752668018	I WORKERS COMPENSATION Worker's Compensation Taxas Mutual Federal Workmans Comp TEXAS REHAB (DARS) Rehabilitation CRIME VICTIMS Crime Victims HEALTH INSURANCE EXCHANGE (ACA/OBAMACARE) PLANS Molina Health Insurance Exchange (eff 1/1/14) Blue Advantage HMO (eff 1/1/14) HOSPITAL DISTRICT	Majority of WC 95 days from DO 95 Days from DOS 12 months from DOS 90 Days from surgery No Deadline 95 days from DOS 365 days from DOS	12 months from denial 12 months from denial 13 months from denial 90 days from denial No Deadline 120 days from EOB	Eff 1/1/
174 191 191 193 321 334 465 952	WC WC FWC RE CV MHIE BSE	752668018 752668018 752668018 752668018 752668018 752668018	WORKERS COMPENSATION Worker's Compensation Texas Mutual Federal Workmans Comp TEXAS REHAB (DARS) Rehabilitation CRIME VICTIMS Crime Victims HEALTH INSURANCE EXCHANGE (ACA/OBAMACARE) PLANS Molina Health Insurance Exchange (eff 1/1/14) Blue Advantage HMO (eff 1/1/14) HOSPITAL DISTRICT Ind-Alone FSC, UMC Services only - No Office Visits, Emergency Medicine, or Psychia	Majority of WC 95 days from DO 95 Days from DOS 12 months from DOS 90 Days from surgery No Deadline 95 days from DOS 365 days from DOS	12 months from denial 12 months from denial 12 months from denial 90 days from denial No Deadline 120 days from EOB 365 days from EOB	Eff <u>1/1/</u>
174 191 191 193 321 334 465	WC WC FWC	752668018 752668018 752668018 752668018 752668018 752668018	I WORKERS COMPENSATION Worker's Compensation Taxas Mutual Federal Workmans Comp TEXAS REHAB (DARS) Rehabilitation CRIME VICTIMS Crime Victims HEALTH INSURANCE EXCHANGE (ACA/OBAMACARE) PLANS Molina Health Insurance Exchange (eff 1/1/14) Blue Advantage HMO (eff 1/1/14) HOSPITAL DISTRICT	Majority of WC 95 days from DO 95 Days from DOS 12 months from DOS 90 Days from surgery No Deadline 95 days from DOS 365 days from DOS	12 months from denial 12 months from denial 13 months from denial 90 days from denial No Deadline 120 days from EOB	Eff 1/1/