



TPL/HMS Q&A

If the Medicaid allowable is higher than what primary paid, is Medicaid going to pay up to its allowable?

Yes, OHCA will pay up to the allowed amount in all instances. If the primary paid less than the allowable, then OHCA will pay the difference between what the primary paid and the OHCA allowed amount. If the primary paid more than the OHCA allowable, the claim will show as paid, but no payment will be issued by OHCA.

A patient's TPL pays in full as primary and eight months later that same TPL identifies they made payment in error as the patient has no coverage. The provider then files a claim with OHCA and OHCA denies the claim for timely filing. How would the provider handle as filing was missed due to an error from primary insurance?

You should always bill the claim to OHCA even if the primary paid in full. In this case, OHCA would not be able to pay your claim as there is no exception for the six-month timely filing rule.

How do I get my claim paid if it's an HMS recoupment after the one-year timely filing?

OHCA has an exception for processing these claims. The claims must be specially processed and have both six-month proof of timely filing and HMS documentation attached. If the primary denied the claim, you would also need to attach the primary EOB. See the attached links for more information.

For professional claims:

<https://oklahoma.gov/content/dam/ok/en/okhca/documents/a0304/25271.pdf>

For UB-04 institutional claims:

<https://oklahoma.gov/content/dam/ok/en/okhca/docs/providers/training/2020/Special%20Processed%20Claims%20-%20UB-04%20Institutional%20FINAL.pdf>



ADDRESS

4345 N. Lincoln Blvd.
Oklahoma City, OK 73105



WEBSITES

oklahoma.gov/ohca
mysoonerCare.org



PHONE

Admin: 405-522-7300
Helpline: 800-987-7767



When submitting a secondary claim back to OHCA that was paid as primary originally but part of an HMS audit, do we void and rekey the claim with the TPL payment info?

If you are still within the one-year timely filing, you could technically do this. If you are past the one-year timely filing, you should never do this. In this instance, if you void the claim that is past the one-year timely filing limit, OHCA would not be able to override the one-year timely filing edit. If the claim is recouped by OHCA, we would be able to override the one-year timely filing edit.

How do we submit EOBs when we have billed multiple DOS for the patient? Can we submit one PDF that has all the EOBs in it, or do we need to submit multiple EOBs per lines of billing on the screen? For example: If billing three DOS, do I need to upload three EOB files (one for each DOS), or one file that includes all three EOBs?

Either method will work, so you can use the one that is easiest for you.

If a patient provides SoonerCare coverage after the timely filing period, can we bill the patient?

Yes, you could bill the member in this situation. The member is required to provide you with their SoonerCare information so that you can bill the claim timely.

Do HMO copay billing instructions apply to commercial HMOs only, like BlueLincs or Global Health? Do the Replacement/Advantage plan copays still have to be billed to Medicaid as a crossover?

Yes, it applies to commercial HMOs only. Medicare Advantage plans are billed to OHCA as crossover claims.

I've inherited several claims from HMS (older cycles) where the recoupment has not been taken. The HCA-17 form has been submitted and the claims are denying as previously been paid. What is the most efficient way to proceed with the recoupment to be taken for the SoonerCare claim to be processed as secondary status?

The claims are denying as duplicates since the original claim has not been recouped. The original claim will have to be recouped before it can be paid a second time.

If the TPL shows a medical policy only, would a dental provider have to consider this as dental coverage? Or can they disregard this and go ahead with Medicaid as the only dental coverage, thus sending the dental claim directly to OHCA?

In this situation, the TPL would not apply as it is for medical services and you are billing dental services.



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Does this rule still apply that is stated in the manual: "Medicare non-covered or denied services claims for services not covered by Medicare will crossover to OHCA and be denied. The claim must be resubmitted to the OHCA's P.O. Box 18506, Oklahoma City, OK 73154 address, with a copy of the Medicare RA and the HCA-17 form attached."

Yes, this still applies. However, the process is done online now rather than by mail. See the attached links below for instructions.

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