

OPS202 REPORT

Other Health Coverage Claims (OHC) pending payments with Medi-Cal Waiting

The OPS202 Report is being provided as a tool to assist your agency in the tracking of Medi-Cal clients who have OHC or Medicare in InSyst. Both OHC and Medicare are plans that must be billed prior to seeking reimbursement from Medi-Cal. Your Agency must take action to resolve the OHC/Medicare status of the services appearing on this report. Remember, for clients with verified OHC and/or Medicare, only services with payment, 90 day attestation of non-response from the carrier or acceptable denials will move on to the Medi-Cal claim. Services for which an unacceptable denial is received, may impact BHCS's payment to your Agency. This report will appear monthly in your printer queue.

Services older than (6) months are identified on the report with an asterisk (*). The services must be claimed to Medi-Cal within (12) months from the date of service in order to obtain Medi-Cal reimbursement. Therefore, it is imperative that you submit the appropriate information to BHCS accurately and timely to allow BHCS sufficient time to claim the services to Medi-Cal.

Failure to do so may result in recoument of funding related to these services per your BHCS contract terms.

The following information is included on the report:

▪ Reporting Unit Number and Name	▪ Insurance Company
▪ InSyst Client Number (Client #)	▪ InSyst Procedure Code & Description
▪ Client Name	▪ Date of Service (Svc Date)
▪ Episode Opening Date (Episode Open)	▪ Claim Amount

In order to respond to this report your agency must:

- Verify client's OHC and/or Medicare status for the dates in question
- Claim services to OHC and/or Medicare, as appropriate
- Report payment or denial information to BHCS

These actions must be accomplished in a timely manner to allow claiming to Medi-Cal

Please utilize the following process to work and respond to this report:

Step 1: Run a current Medi-Cal eligibility inquiry via the internet or AEVS to determine the clients OHC or Medicare status for the month of service in question.

If you have difficulty interpreting the Medi-Cal response, contact BHCS Medi-Cal Eligibility Help Desk at 1 (888) 346-0605.

Step 2: Determine which scenario below best fits your client's situation and follow the instructions for the scenario:

Scenario 1: For clients with OHC and/or Medicare for the dates of service on the report:

- If the insurance policy that you have verified is different than the one indicated on the 202 report, immediately submit a completed "Insurance Plan Verification and Authorization" form, with a copy of the current insurance card, to the BHCS Billing Department.
- If you have not billed the client's insurance and/or Medicare, please do so immediately. Report the payment, denial and/or 90 Day attestation via an "Insurance Payment Notification" form to the BHCS Billing Department, when received.
- If you are in receipt of a payment, denial and/or 90 Day attestation and have not submitted a completed "Insurance Payment Notification" form to the BHCS Billing Department, please do so immediately. Be sure to include a copy of the OHC and/ or Medicare Explanation of Benefits (EOB) or Remittance Advice (RA).

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Scenario 2: For clients who do not have OHC and/or Medicare for the dates of service on the report and the current Medi-Cal eligibility inquiry indicates they do not have OHC and/or Medicare:

- Contact the client or OHC carrier to obtain the insurance and/or Medicare expiration date.
- Submit a completed "Insurance Plan Verification and Authorization" form to the BHCS Billing Department, indicating the OHC and/or Medicare expiration date along with any supporting documents.
- If you are unable to obtain an OHC and/or Medicare expiration date submit a completed "Insurance Plan Verification and Authorization" form to the BHCS Billing department, including a copy of the current Medi-Cal eligibility inquiry response which shows the client does not have OHC and/or Medicare for the dates of service on the report.

Scenario 3: For clients who do not have OHC and/or Medicare for the dates of service on the report, but the current Medi-Cal eligibility inquiry indicates they do have OHC and/or Medicare:

- Contact the client and instruct them to notify their local Medi-Cal eligibility worker of the error in the State Medi-Cal eligibility system (MEDS) and request a correction of their file. (Note: This process often takes several weeks)
- Once the file is corrected, submit a completed "Insurance Plan Verification and Authorization" form to the BHCS Billing Department, be sure to include a copy of the State Medi-Cal eligibility inquiry response which shows the client does not have OHC and/or Medicare for the dates of service on the report.

Because this process often takes the State several weeks to complete, we recommend you perform the following steps in the interim, to ensure timely claiming of your client's services to Medi-Cal.

- Contact the OHC carrier to obtain written documentation indicating an OHC and/or Medicare expiration date or statement indicating the client is not enrolled with their company. (Note: The OHC carrier may require you to submit a claim for the services in order to obtain this information via an explanation of benefits (EOB) and/or Remittance Advice (RA)).
- Submit a completed "Insurance Payment Notification" form to the BHCS Billing Department; be sure to include the supporting documentation from the OHC carrier. BHCS will expire the client's InSyst policy, allowing services for the client to claim to Medi-cal. (Note: Until or unless the clients State MEDS record is corrected, services claimed to Medi-Cal may be denied for OHC. If this occurs follow the Denied Correction Report (DCR) OHC/Medicare instructions.)

The "MHS Medicare/Insurance Plan Verification and Authorization", "MHS Medicare/Insurance Payment Notification" and OHC Medicare Claiming training information is available on the BHCS Provider website at the following links:

http://www.acbhcs.org/providers/Forms/InsuranceAuth/MHS_Insurance_Plan_Verification_Authorization.doc

http://www.acbhcs.org/providers/Forms/InsuranceAuth/MHS_Insurance_Payment_Notification.doc

http://www.acbhcs.org/providers//insyst/docs/MH_Prov_OHC_Mcare_Training.ppt