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| **Title:** | SWHP Commercial Payment Policy | | | | |
| **Line of Business:** | SWHP Commercial HMO (Individual & Family Plan, Small & Large Group - Off Exchange) | | | | |
| **Approver(s):** | Vice President of Operations | | | | |
| **Location/Region/Division:** | SWHP | | | | |
| **Document Number:** | | | | | |
| **Effective Date:** | 5/21/16 | **Last Review/ Revision Date:** | **11/30/2016** | **Origination Date:** | 5/21/16 |

## LINE OF BUSINESS

This document applies to the following line(s) of business:
SWHP Commercial HMO (Individual & Family Plan, Small & Large Group - Off Exchange)

## DEFINITIONS

**Clean Claim -** A clean claim consists of data elements on CMS 1500 and UB 04* claim forms that are required or conditionally required by TDI rules for non-electronic claims. Claims to secondary carriers must disclose amounts paid by the primary carrier. Electronic claims must comply with all federal laws applicable to electronic claims, implementation guides, companion guides, and trading partner agreements. Data elements must be complete, legible, and accurate. Additional data elements or information does not render the claim deficient. *Not all data elements on these forms are required for all providers.

**Redetermination:** The review of a previously adjudicated / processed claim at the request *of a provider to assess* if the original determination/decision was correct or should be reversed based on additional information not previously available during the original determination.

**Recoupment:** The recovery of previously paid expenses for a legitimate reason through a written request to the provider or facility OR a reduction or withholding of part or all of an owed amount to a provider or facility.

**Explanation of Coverage (EOC)** – The document that describes the covered benefits for the member under their health insurance plan

**Summary Plan Description (SPD):** The document that outlines all the benefits available to the Member under the specific Health Plan

**Texas Department of Insurance (TDI):** The regulatory agency in the State of Texas for Commercial Health Insurance Products (Health Plans)

## POLICY

Claims Payment Policy for SWHP

## PROCEDURE

**The following metrics will be followed for Claims Submission, Processing, Payment and Redeterminations:**

I. **Provider/Facility Claims Submission, Processing & Payment:**

1. Claims Submission / Timely Filing: The provider/facility has **95 Days** from the date of service to submit a claim. For hospitals, the 95 days starts on the discharge date. If not submitted within **95 Days** from date of service the claim will be denied for non-timely filing.
    a. Claims timely filed with another carrier satisfies this claim filing requirement and addresses issues of misdirected claims as well as claims filed late to a secondary carrier because a provider was awaiting processing by primary carrier.
    b. If a provider fails to submit a claim in compliance with these timelines, the provider forfeits the right to payment unless the provider has certified that the failure to timely submit the claim is a result of a catastrophic event in compliance with 28 TAC 21.2819.
    c. Claims Receipt Timelines:
        1. Claims sent by first class mail are presumed received on the **5th calendar day**. Those sent via overnight delivery or U.S. mail return receipt requested are received on the delivery receipt date.
        2. An electronically submitted claim is presumed received on the date of electronic confirmation of receipt by the carrier or its clearinghouse.
        3. A provider may not submit a duplicate claim before the 46th day, or the 31st day if filed electronically, after the date the original claim is received.
2. Process and Payment of a Claim:
    a. Non Contract Provider Claims: A claim must be processed and paid within **30 days** from receipt for electronically submitted claims, **45 days** from receipt for non-electronically submitted claims.
    b. Contract Provider Claims: A claim must be processed and paid within **30 days** from receipt for electronically submitted claims, **45 days** from receipt for non-electronically submitted claims unless otherwise stated within an executed contract by the Provider of Services and the Health Plan
    c. Upon receipt of a clean claim, SWHP must
        - Pay the total amount of the claims in accordance with the allowed benefits and contracted rates,
        - Deny the entire claims and notify the provider why the claim will not be paid,
        - Audit the entire claim, pay 100% of the appropriate benefit or contracted rate, and notify the provider that the claim in being audited,
        - Pay a portion of the claim and deny or audit the remainder, paying 100% of the audited portion.
    d. If the statutory claims payment period is missed, SWHP will follow the requirements of 28 TAC Chapter 21, Subchapter T.

3. Deficient Claims: Must notify provider of deficient claim within 45 days of receipt of non-electronically submitted claim, within 30 days of receipt of electronic claim.

## II. Provider/Facility Request for Redetermination (Refer to Policy SWHP.CLM.043P for specifics):

Provider / Facilities may a single (one time) request for a redetermination of previously processed claim based on the following criteria:

1. Provider must complete a Provider Claims Redetermination Request Form, failure to do so will result the request being returned to the requestor for completion.
2. Requests for Redeterminations must be submitted within **90 days** from the original determination date.
3. Multiple requests submitted on a single claim will not be processed and will be returned as “previously reviewed”.
4. Processing time for redeterminations is 30 days from date of receipt
5. Payment within 15 days of decision (45 days from date of receipt of request)

## III. Requests for Provider or Facility Recoupment and Refunds Actions:

1. Provider Recoupments / Corrected Claims:

a. Recoupment actions for overpayment of claims may occur for corrected claim submissions. No refund request will be sent to the provider, since the submission of a corrected claim is considered a request from the provider/facility to reprocess the claim with the corrected claim.

2. Provider Refund Requests:
   a. SWHP may recover overpayments or audit payments.
   b. Request to a Provider for refunds of overpayment of a claim will be requested in writing within 180 days from the payment date.
   c. Notice will be in writing, for specific amounts, give notice of redetermination rights, and describe methods by which SWHP intends to recover the refund
   d. Providers have **45 days** from the date of receipt of the refund request to dispute or make arrangements to refund the overpayment to the Health Plan.
   e. If no action is taken to dispute or refund the overpayment within the **45 day period, recoupment actions will be taken.**
   f. SWHP cannot recover overpayments until the later of:
      - 45 days after notification, or
      - The date the provider redetermination rights have been exhausted, of the provider has not made prior arrangements for repayment
   g. These requirements do not affect SWHP's ability to recover an overpayment in the case of fraud or a material misrepresentation by a provider
   h. BSW contract requires that a written request for overpayment be presented and no offsetting of member accounts is permitted.

## RELATED DOCUMENTS

Redetermination Policy: SWHP.CLM.043.P
Provider Claim Redetermination Request Form - Final 11-15-16

## REFERENCES

TDI Regulation
http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=28&pt=1&ch=21&sch=T&rl=Y