



TPL Claims: Don't Let Them Wreck Your Receivable



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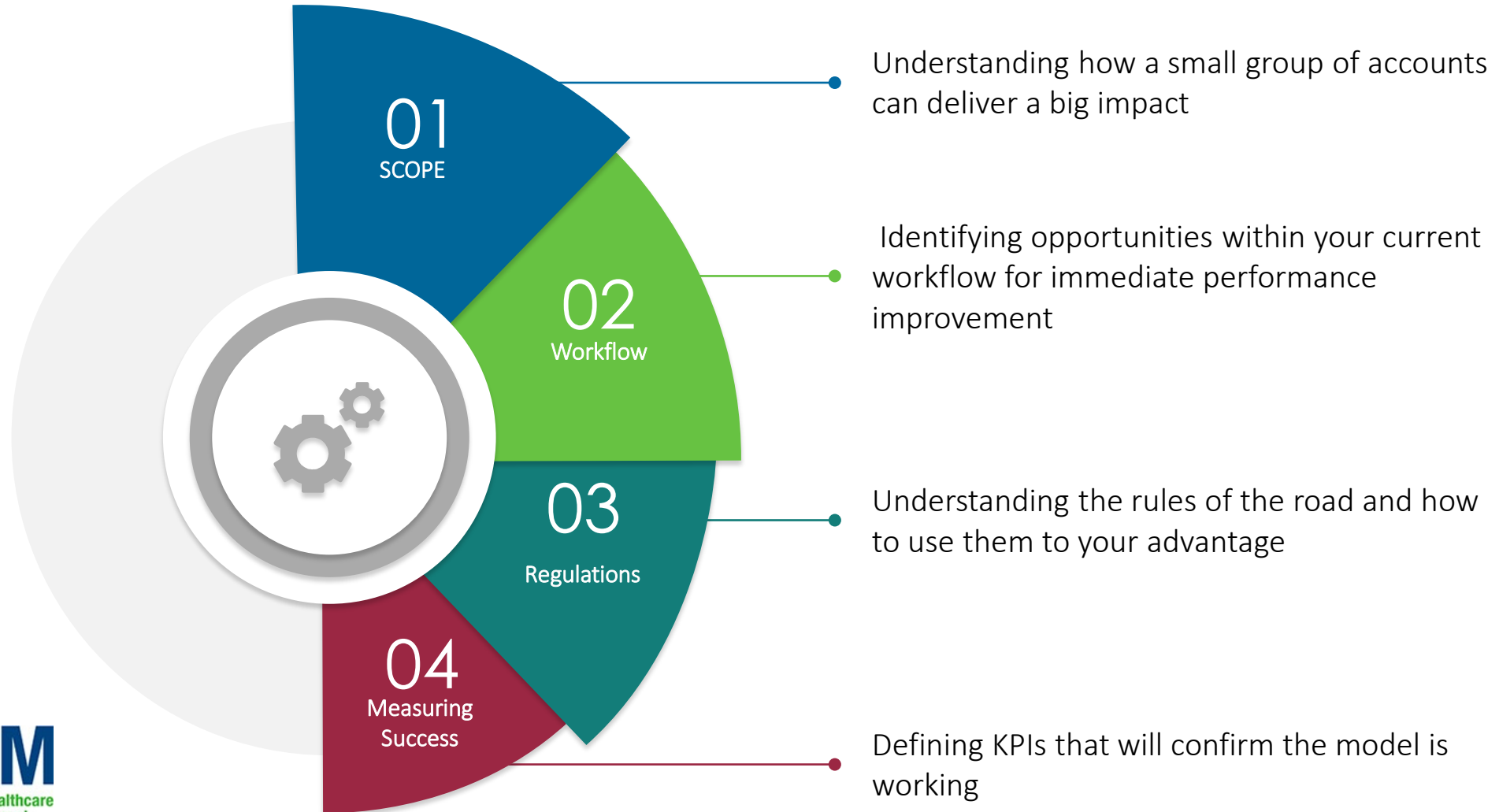
"Making Full Recovery"™



INTRODUCTION

- Michael Good, AVP Operations ClaimAssist
- 18 Years with the Organization all of which has been spent servicing TPL Clients
 - Oversee technical and procedural aspects of our client onboarding
 - Develop and maintain internal workflows
 - Responsible for the performance of the Billing Team, Training/QM as well as Partnership Development
- Always looking for ways to improve our process whether it be automation or procedural changes

GOALS FOR THIS PRESENTATION





SCOPE

- TPL (MVA/WKC) comprises anywhere from 1-3% of a Hospital's AR
 - Submission deadlines, processing timeframes for the carrier as well as reimbursement guidelines are maintained by outside forces (the state)
 - Submission method can differ by payer
 - Multiple payers involved means multiple touches
 - Reimbursement evaluation can be convoluted and complicated



SCOPE

- Motor Vehicle Accidents Nationwide
 - Nationally there were 5,250,837 Motor Vehicle Accidents in 2020
 - Nationally there were 1,593,390 accidents that led to at least one injured party and 35,766 fatalities
- Workplace Accidents Nationwide
 - Employers reported 2.6 million injury and illness cases in 2021
 - Decreased by 1.8% from 2020
 - 2022 Statistical Update due for release 11/9/23





AUDIENCE PARTICIPATION TIME!

Let's name some reasons that WC and MVA claims don't get paid quickly enough or at all.....

"We never got the medical records"

"We have no employee by that name"

"I have a lawyer handling this"

"Why can't you just bill my health insurance?"

"Your charges are higher than peer facilities"

"I'll talk to my employer to get that information"

"We don't have a claim on file"

"That's not our insured"

"I'm sorry, you have the wrong number"

COMPLICATIONS TO BILLING

PATIENT COMMUNICATION

It is often necessary to chase patient for information



ATTORNEY INVOLVEMENT

Lien statutes are your friend.



PAPER

E-submission is becoming the default method of submission



SMALL PORTION OF A/R

Generally about 2% of your facility's A/R



COMPLICATED REGULATIONS

These should be viewed as a tool not a hindrance



MEDICAL RECORDS

Get ahead of the eventual ask and shave days off cycle time to payment



Workflow

- The process begins right at the point of registration and should be a combination of extracting information while keeping patient experience in mind.
 - On average 5-10% of TPL accounts will need additional information post discharge.
 - Admitting should be asking questions, beyond what the patient has for coverage. The questions should confirm cause of injury, location of accident, has the accident been reported, and if the patient has an attorney at a minimum
 - Brace for having to make post discharge follow up calls.
 - Scheduled services should be viewed as an area where information gathering is controlled and has a solid pre-treatment/authorization process in place.



Workflow

- Confirmation of payer(s) and clean/complete claim submission.
 - MVA claims could, in theory, be paid by three different payers.
 - Med Pay, Health, BI Settlement
 - Know your Lien options!
 - Establish a Lien/Settlement process with thresholds
 - WKC claims should see the necessary supporting documentation go out with the claim. Don't create needless delays!
 - Establish submission expectations at the payer level so they can be incorporated into your workflow (i.e. municipalities).
 - Mindful of forms (i.e. WKC First reports) that need to be sent in addition to the bill and sometimes to a different location.



Workflow

- Intensive follow up and coordination of benefits.
 - While TPL claims can be “slow moving” status checks every 30 days ensures there are no surprises and keeps the “ball” moving
 - Use the state mandated timeframes for response/payment to your advantage
 - In matters of compensability being questioned use the state appeal/assistance process extended to employees
 - Report payers that are noncompliant
 - Establish internal deadlines for payment and intensify follow up
 - Brace for budget year induced delays.



Workflow

- Post Payment Review
 - The WKC arena provides a, albeit complicated, pricing framework. MVA will require a bit more manual tracking
 - Denials should be tracked for trends so as to create fallout routines
 - WKC affords the provider/patient appeal options at the state level
 - MFD
 - Patient vs. Employer hearings
 - Appeals can be manual and take time so look to develop thresholds.



Workflow

1



PATIENT ACCESS

Claims with incomplete or incorrect information at registration account for over 50% of claims that take more than 100 days to be paid.

3

FOLLOW UP

If you haven't heard anything, call and ask... but make sure you're doing so at the right time.

MAXIMUM REIMBURSEMENT

It's all about managing information!

MEDICAL RECORDS

Try to get claims out the door with medical records attached the first time and every time.

DENIAL MANAGEMENT

Don't take no for an answer... unless the answer really is no.

2

AAHAM

American Association of Healthcare
Administrative Management

Maryland Chapter

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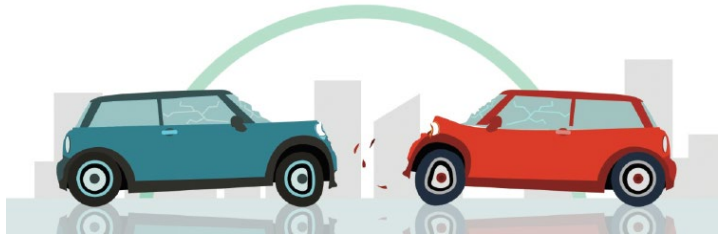
REGULATIONS





Maryland Dynamics: MVA

- According to Forbes Maryland ranks 40th in terms of “worst drivers”. The eyeball test may dispute those findings.
- Maryland Auto Insurance Requirements:
 - PIP Coverage must be offered by carrier but can be waived by policy holder (\$2,500 minimum)
 - \$30,000 for BI (one party)
 - \$60,000 for BI (multiple parties)
 - \$15,000 for property damage
- There is no ‘Coordination of Benefits’ and while Health will in theory pay as primary you run the risk of recoupments months, even years later
- If Health wants to pay as secondary on MVA claims that verbiage needs to be in their contract (i.e. CareFirst)
 - AETNA will ask its policy holders to complete Subrogation paperwork prior to accepting or paying the bill



Maryland Dynamics: MVA

- Use payer sites as you “PIP Database”... Geico/State Farm allow for potential PIP coverage research to be conducted while circumventing the patient (Next Slide has additional information)
- Make use of Ambulance and Police Reports
- DO NOT SKIP TRADITIONAL AUTHORIZATION ROUTINES ON MVA CLAIMS! Secure the Authorization via the Health carrier of record
- Simultaneous billing of PIP and Health
 - Covers copays and deductible
 - Allows for refund to Health once the dust settles
 - Consider the balance when determining how best to proceed
- Medicare will seek to have the Common Working File updated with PIP Waiver, exhaust letter, lack of coverage fully documented



Maryland Dynamics: MVA

- State Farm provides an automated line 1-844-292-8615
 - Patient Telephone Number is needed with the automated line
 - Prompts can lead to a live agent
- Geico provides a website search feature but in order to use this you need to be registered
 - <https://partners.geico.com/MPCTWeb#/>

Date of Accident:

Please enter a valid date in MM/DD/YYYY format.

Patient First Name:

Please enter the Patient's First Name

Patient Last Name:

Please enter the Patient's Last Name

ZIP Code:

Please enter the Patient's ZIP Code



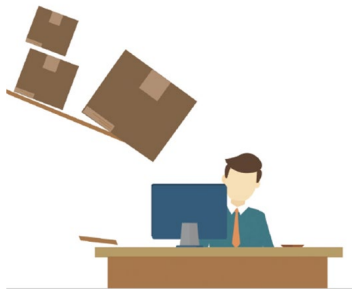
Maryland Dynamics: WKC



- The state's Workers' Compensation Commission Site ([Maryland Workers' Compensation Commission \(state.md.us\)](http://state.md.us)) is an invaluable resource
 - MD WCC does not have jurisdiction for Inpatient Hospital services...Health Services Cost Commission oversees charges and is where to bring your questions and concerns
- Employers with one or more employees are required to carry Workers' Compensation Insurance
 - Large employers (\$10 Million or greater) can become self insured but need state approval
- Employers are required to file a First Report of Injury within 10 days of the accident
 - This can be filed by the Employer or the Insurance Company via the CompHub portal
 - This can become an opportunity when it comes time to push the claim process along
- Employee is required to file a Form C-1 which can be done on paper or via the CompHub portal



Maryland Dynamics: WKC



- While not required E-Submission should be the preferred method of claim filing
- Providers are required to submit a Claim for Medical Services along with a 1500
 - IB, Medical Record, CPT/HCPCs and modifiers, Tax ID, and NPI should also be included
 - 12 Months from DOS is the deadline
 - Insurer/Employer had 45 Days to deny or pay
- Hospital charges should be billed out via the UB04 with similar supporting documentation
- In 2008 WCC moved to using the Medicare Resource Based Relative Value Scale, exclusive of the Federal Budget Neutrality Factor, as a basis for calculating certain services
- Every year the WCC will update the MSCF (Maryland Specific Conversion Factor, by multiplying the current value by the Medicare Economic Index then adding that result to the previous years MSCF. (think cost of living increase)



Maryland Dynamics: WKC



- Annual Update to the MSCF and Percentage Multipliers goes into effect 1/1/2024:
 - Medical Services & Treatment = \$51.78
 - Orthopedic & Neurological Surgical Services = \$68.39
 - Anesthesiology Services = \$24.64
 - 2024 ASC WCC percentage multiplier is 158.959%
- Reimbursement formula: $MRA = (TU+BU) \times MSCF$
 - The Base Unit for Anesthesia CPT 00100 = 5
 - Time Units for 120 minute procedure = $120/15 = 8$
 - MRA would be: $(8+5) \times \$26.64 = \346.32
- In the instance there is a discrepancy between the rate for a hospital service set by the WCC and the Health Review Cost Commission the HRCC takes precedent



Maryland Dynamics: WKC



- The state provides an Insurer Designee database that is worth referencing from time to time
 - [InsurerDesigneeListingComphub \(state.md.us\)](http://state.md.us)
- Medical Fee Guide Committee Updates:
 - September Meeting Minutes indicate the committee is revisiting the concept of a Prescription Fee Guide. This is already in place in 35 other states but previous efforts (2011) did not progress. The discussion will resume at the November meeting.



Measuring Success





Measuring Success

- Measuring a workflow's performance via the proper set of KPIs ensures efficiency or identifies opportunities for improvement.
 - Examples of KPIs geared toward TPL performance
 - % of accounts unable to be tagged with a payer of record and sent along to Self-Pay
 - % of accounts coming back from Self-Pay with found insurance
 - Cycle time to payment
 - Number of touches needed within that timeframe



Measuring Success

- Using payment timeframes, payment percentages as well as denials can be a means to identifying process deficiencies.
 - MVA cycle time to payment 45 – 90 days
 - WKC cycle time to payment 30 – 45 days
 - 20% or less of AR over 90 Days
 - Criteria dependent
 - Denials by payer and reason
- Benchmarks are like records are meant to be broken.



QUESTIONS





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THANK YOU!

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