

## Control Unit Process Descriptions

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## Control Unit Process Descriptions

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### Hard Copy Claims Collection and Distribution

Mailroom receives claims and pre-scans them. They pre-screen the incoming claims for all required fields. For a list of required fields review this document: [CMS-1500 Interactive](#) or [UB-04 Interactive](#)

The mailroom sorts for pickup by control:

- Anything that is for HOME
- Anything that is for HOST
- Anything that needs determination if it should be in HOME

### Mailroom pickup

Mailroom pick-up is 4 times daily

- 7:30 am
- 10:00 am
- 12:00 pm
- 3:00 pm

### Claims distribution

If a claim doesn't belong to Home or Host the follow applies

- All claims that do not belong are logged in an [Excel Spreadsheet](#)
  - Any Private Business claims are returned to the mailroom
  - Green Stamp are placed in Nicole's basket
  - FEP is sent to FEP via inter-office mail envelope
  - QUEST is sent to QUEST via inter-office mail envelope

### Claims error review

Any claims not distributed are reviewed for errors that would prevent processing

- No errors or can be fixed:
  - For Host claims
    - i. Claim forms are batched and sent to the mailroom for scanning and processing through
  - For Home claims

## Control Unit Process Descriptions

- i. Claim forms are put in BlueStamp folder on control supervisors desk
  - 1. See [“Home Ancillary Claims”](#) procedure
- If errors are found
  - i. Claim forms are batched by error type and logged in Excel Spreadsheet
  - ii. Batched claims are taken to mail room for “image only” scanning during normal mail runs
    - 1. Must be in by 12 noon to be included in that day’s processing
  - iii. Scanned claims forms are picked up, as available, during mail runs
  - iv. Returned claims are entered in Excel Spreadsheet to ensure the same number that left were returned

### Form 97 Creation

Form 97’s are created for all claim forms that cannot be processed.

- Form 97’s are tracked using the [F97 Counts and Distribution Excel File](#)
- See this document for information on creating a Form 97.

### Final checks and disposal

- Control ensures that all claim forms have a Form 97 created
- Control places checked claims form into shredding bin

## Control Unit Process Descriptions

### HOST Misroutes

HOST Misroutes are claims that are sent to a claims department other than HMSA but are regarding a HMSA member. With a HOST misroute, message comes through blue squared first from out-of-state (other BCBS members plan) then HMSA creates the SF. The BlueSquared system is checked for misroutes multiple times a day.

### Looking up misroutes

- Logging into BlueSquared
- Using the following options from the Host -> Listing Tab

The screenshot shows the 'Host' tab in the BlueSquared interface. The left sidebar displays 'PHXJMM1's Host Mailbox' with folders for 'Inbox', 'Outbox', and 'Errors', and a 'XH01 Host Mailbox' link. The main area is titled 'Listing Search' and contains several search filters:

- Format Type:** Claim Misroute
- Subscriber ID:** [Empty field]
- BCBS Provider Number:** [Empty field]
- Host Plan Code:** HI - BCBS of Hawaii - 471-HAWA, HI - BCBS of Hawaii - 971-HAWA
- Home Plan Code:** AL - BCBS of Alabama - 010-BHMA, AL - BCBS of Alabama - 510-BHMA, AR - Arkansas BCBS - 020-LRCA
- Message Sub Type:** Request
- Message Direction:** Received
- Order:** Ascending
- Date Type:** Create Date
- Date:** From 01/01/2018 To 04/01/2018 (mm/dd/yyyy)

Below these filters is the 'Advanced Search Options [ Hide ]' section, which includes:

- Reason Code:** 301
- Claim Type:** Select One
- Open / Closed:** Open
- Status Code:** Select One
- Program Code:** Select One
- Blue Card Type:** Select One
- Delivery Method:** Select One
- Estimate Indicator:** Select One
- Attachment Indicator:** Select One
- SF Type:** Select One
- Action Code:** Select One
- Message State:** Select One
- OPM MSPP Product:** Select One

### Misroute spreadsheet entry

- Entered into an Excel spreadsheet (link to spreadsheet)
- Marked PAR or NON-PAR
- Marked to indicate if they can be printed/mockred to create a claim for the member manually
  - If they cannot be printed/mockred (ask Liz)
- There is a 10-day time limit for the SCCF number to be created on misroutes

## Control Unit Process Descriptions

### Misroute handling

- Determine if provider listed in misroute is PAR or NON PAR

#### **NON PAR** Provider

If it is missing required information HMSA will:

1. contact the provider via phone to gather missing information
  - a. If the provider is not receptive we can close the misroute. A message is sent back using BlueSquared saying HMSA cannot create the SF
2. develop a claim (create an SF)
  - a. Claim Mock-Up Procedure (lesson to be created)

#### **PAR** Provider

Per provider servicing requirements we must deal with it. The only exception is if certain information is missing in the misroute in BlueSquared.

1. HMSA will not contact the provider, all questions must be sent through BlueSquared as GI's (General Inquiries)
2. HMSA will develop a claim (create an SF)
  - a. Claim Mock-Up Procedure (lesson to be created)

## Control Unit Process Descriptions

### Member submissions

Members often submit claims using the address on the back of their BlueCard when they receive services outside of the state of Hawaii that cannot be processed automatically. Claims rendered outside the state of Hawaii are supposed to be submitted to the local plan in which the services were rendered but members aren't usually aware of that or simply want us to handle it.

### Member submission types

- Claim forms and/or other forms given to the member from the provider which can include, but are not limited to
  - Entire medical record
  - Invoice
  - Receipts
  - Other documents related to their claim

### Member submission procedure

- Documents provided are used to create a claim for the member
  - The claim is mocked/prepared on a CMS-1500 form
  - The claim is checked for errors
  - The claim is sent to mailroom for scanning and processing through QNXT

## Control Unit Process Descriptions

### Home ancillary claims

Home ancillary claims include Independent Laboratories, DME (Durable Medical Equipment), Specialty Pharmacy or other ancillary services provided to HMSA members when place of service. Known in the Claims Department as Blue Stamp because all Home ancillary claims are literally stamped with a blue stamp reading "Local Claims".

### Sorting ancillary claims

- See "[Ancillary – Control \(BlueCard\)](#)" Document

### Distribution of Claims

Claims are distributed via inter-office mail in the following fashion, based on subscriber ID:

- "R" and "H" (Private Business) go to mailroom to be batched **EXCEPT**
  - "R" and "H" **with** an EOB goes to adjustments
- "HFPP" (Fed87) subscriber ID goes to adjustments
- "AA" claims go to Akamai Advantage
- "Q" claims go to quest



## Control Unit Process Descriptions

### SF Worksheet Distribution and Tracking

SF Worksheets for HOME are distributed to examiners so benefits can be applied. SF worksheets for HOST so we can create SF's in BlueSquared with the provider pricing.

#### MAPD

MAPD is Medicare Advantage Part D (Drug Plan). Claims that fall into this category need to be tracked and distributed to the appropriate BlueCard Examiner.

### Collection of SF Worksheets

The documents needed to complete this are gathered from several areas:

- Interoffice envelope collected from BlueCard in-tray
- Delivery from early-morning pick-up (not a regular mail run)
- Deliveries throughout the day from mail runs

#### HOME

(waiting for liz)

#### HOST

(waiting for Lynn)