IHS/PRC Fiscal Intermediary Overview

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IHS/PRC Fiscal Intermediary: 800-225-0241
Blue Cross Blue Shield of New Mexico

Agenda

- Claims Processing
- Best Practices
- Claim Pricing and Payment
  - Medicare-Like Rates
  - PRC Rates
  - Contracts
- Tribal Programs
- Systems & Reporting
  - Paper Claims and Optical Character Recognition (OCR)
  - Electronic Claims
- FI Web Portal
- Provider Portal

Claims Processing

FI Claims Processing

- Claims received on paper and electronically
  - Inpatient / Outpatient / Professional
  - Dental
  - Non-patient specific invoices
- Purchase Delivery Order (PDO) matched with claim
  - Electronic PDO received from each Area
  - Patient / Provider / Health Record Number verified
  - Dates of Service

FI Claims Processing (cont.)

- Claim Edits
  - Will pend for research and/or additional required information
  - Will pend if over threshold (Tribal Program)
- Claims price at PRC rates, Medicare-like rates, or in accordance with contract/ pricing agreements
- Claims set to pay once edits are resolved

Coordination of Benefits

- Coordination of benefits occurs on approximately 50% of all claims; IHS is payer of last resort
- Critical to have updated alternate resource information on file
- The FI system is updated with COB information received via:
  - Hard Copy Purchase Order
  - Claim
  - Explanation of Benefits (EOB)
  - Electronic Submission from IHS

Data Collected

- Patient Information
- Alternate Resource Information
- Purchase Order Information
- Claim Information, including:
  - Financial Information - Billed / Allowed / Paid
  - Diagnosis and surgical procedure
  - Billing coding – Revenue, CPT and HCPCS
  - Dates of Service
- Provider Information

Best Practices

Best Practices

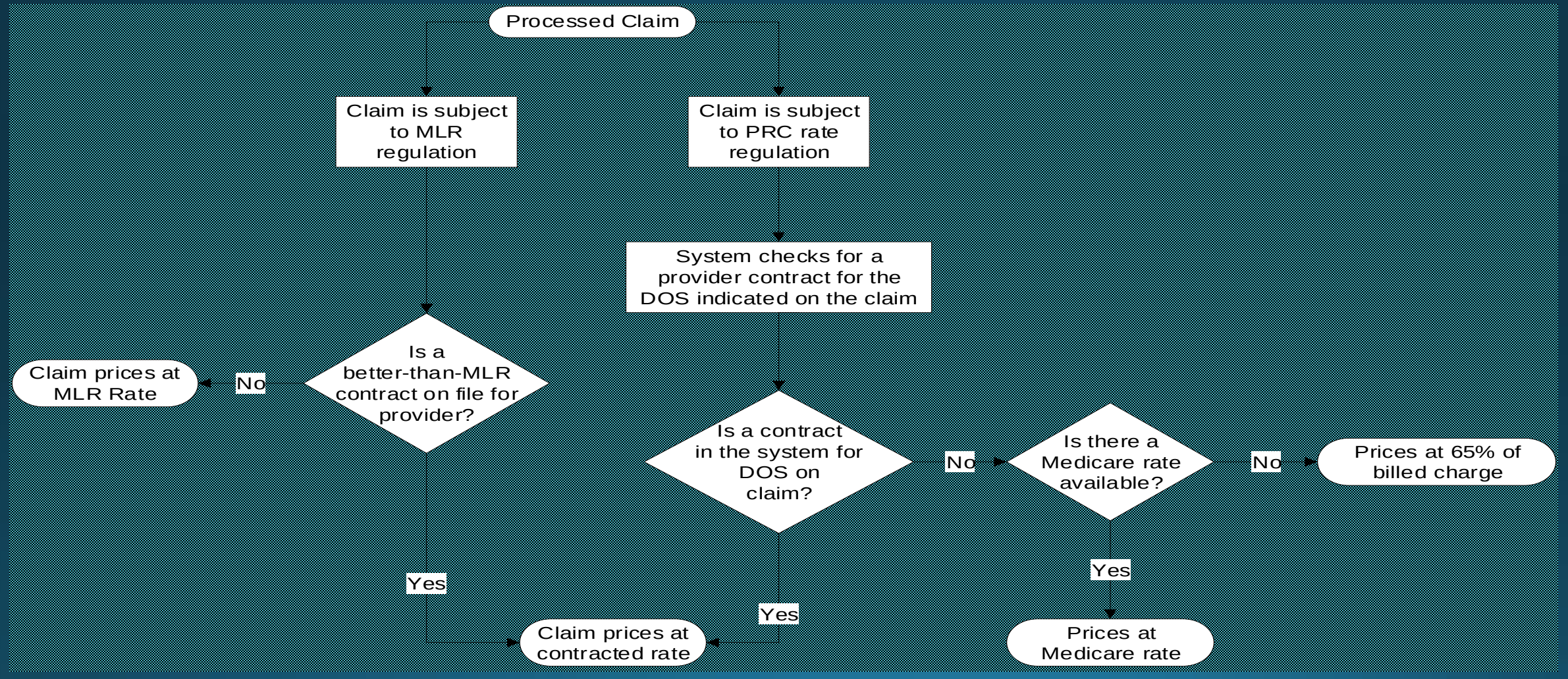
- Coordinate with vendor who will be submitting documents
- Pointing Purchase Orders
  - Do not provide the new PO to vendors, as this will create duplicates
  - Blanket Purchase Orders can not be pointed
  - Call Customer Service Help Desk or email a list via secure email
  - Do not cancel the original PO until the point process at the FI has been completed
  - Delays in Points
    - EPO transmission has not been received by FI
    - Patient Mismatch
    - EIN Mismatch
    - Pointing Purchase Orders
    - PO dates are out of range for Date of Service

Best Practices Continued

- Ensure all documents sent to the FI have the PO number written them
- Identify if a PO is a Rush, CHEF, Blanket

Claim Pricing and Payment

Pricing Process Flow



FI Support for IHS/PRC Contracting

- Database of over 15,000 providers nationwide
- Store contract and pricing information
- Provide input on pricing options and proposed contract methodologies
- Phone support to explain provider payments

Medicare-Like Rates (MLR)

- Inpatient and outpatient facility services, including:
  - Acute Care hospitals
  - Critical Access hospitals
  - Long Term Care hospitals
  - Subunits of inpatient hospitals
  - Psychiatric hospitals
  - Rehabilitation hospitals
  - Skilled Nursing Facilities

MLR Pricing

- Both Federal and Tribal claims price at MLR
- Total payment from all payers may not exceed the MLR
  - Provider agreements cannot pay more than MLR
  - Provider agreements can pay less than MLR (rarely used)
- Per Diem rates may be negotiated for facilities not subject to MLR

Purchase Referred Care (PRC) Rate

1. Is there a contract or rate quote agreement in place?
   If yes, price per agreement
2. Is a Medicare rate available?
   If yes, price at the Medicare rate
3. Price at 65% of billed charge

Services Subject to PRC Rates

- Physician and other professional services
- Ambulance services
- Home health services
- Hospice services
- Ambulatory Surgical Center (ASC) services
- End Stage Renal Disease (ESRD) services

PRC Rate Pricing Method

- The FI pays the lesser of:
  - The FI priced amount, or
  - The patient responsibility indicated on the EOB

Federal and Tribal Application

- All Federal claims price at PRC Rates
- Tribal Programs are automatically opted out of PRC Rates
  - Update funding agreement to opt in
  - Notification received from Contracting Officer Technical Representative (COTR) on effective date

PRC Rate FAQ

- Are contracts and provider agreements still needed under PRC rates?
  - If the provider is willing to accept the Medicare rate, an agreement is not needed.
- What if the provider will not accept Medicare rates?
  - Unlike MLR, you can negotiate a rate that could be higher, such as the provider's most favored customer rate.

PRC Rate FAQ (cont.)

- Are any services not covered by PRC rates?
  - Non-medical services (e.g., lodging, mortuary)
  - Services that are not patient-specific
  - These pay at 100% billed charge unless an agreement is in place specific to the service.
- What about dental, vision, and hearing providers?
  - Services that do not have Medicare rates will price at 65% billed without a provider agreement.
  - Consider one of the following:
    - Percent of billed charge
    - Fee schedule (must have valid codes for billing and one fee per code)

Contracts

- Agreements must include…
  - Provider's Taxpayer Identification Number
  - Effective/term dates
  - Provider's signature/date
  - Contracting officer's signature/date
  - Provider's Medicare participating status
  - Payment instructions
  - W-9

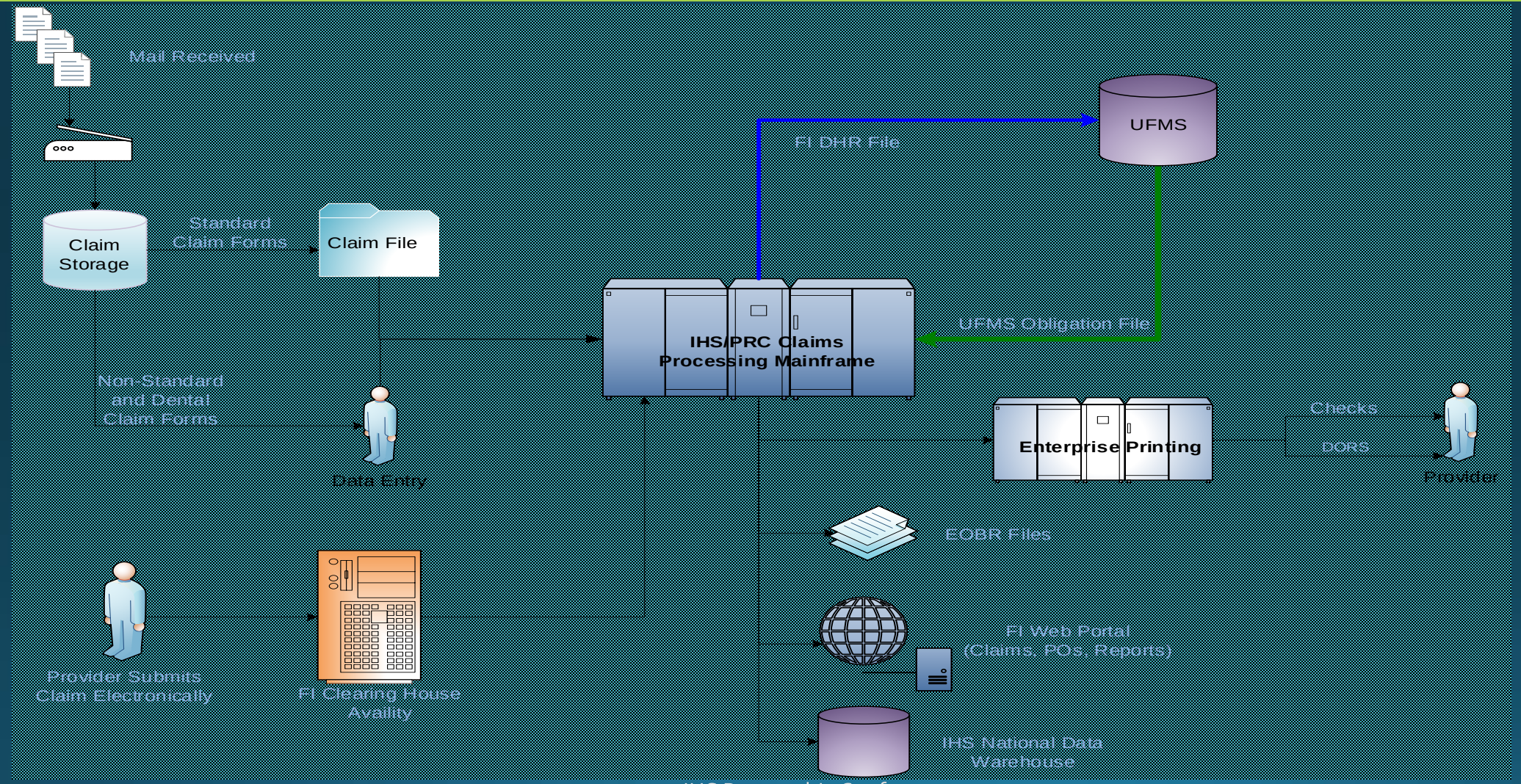
Tribal Programs

Requirements

- Documents
  - Memorandum of Understanding (MOU)
  - Business Associates Agreement (BAA)
  - Tribal Survey
  - Bank Account – Tribes manage their own bank accounts
- Electronic Transmission
  - PDOs generated through CHS/MIS
  - PDOs/EOBRs electronically sent / picked up
- Contracts
  - Tribal Program owns the relationship with the providers

Systems and Reporting

System Overview



Paper Claims

What does my provider need to do to submit claims?

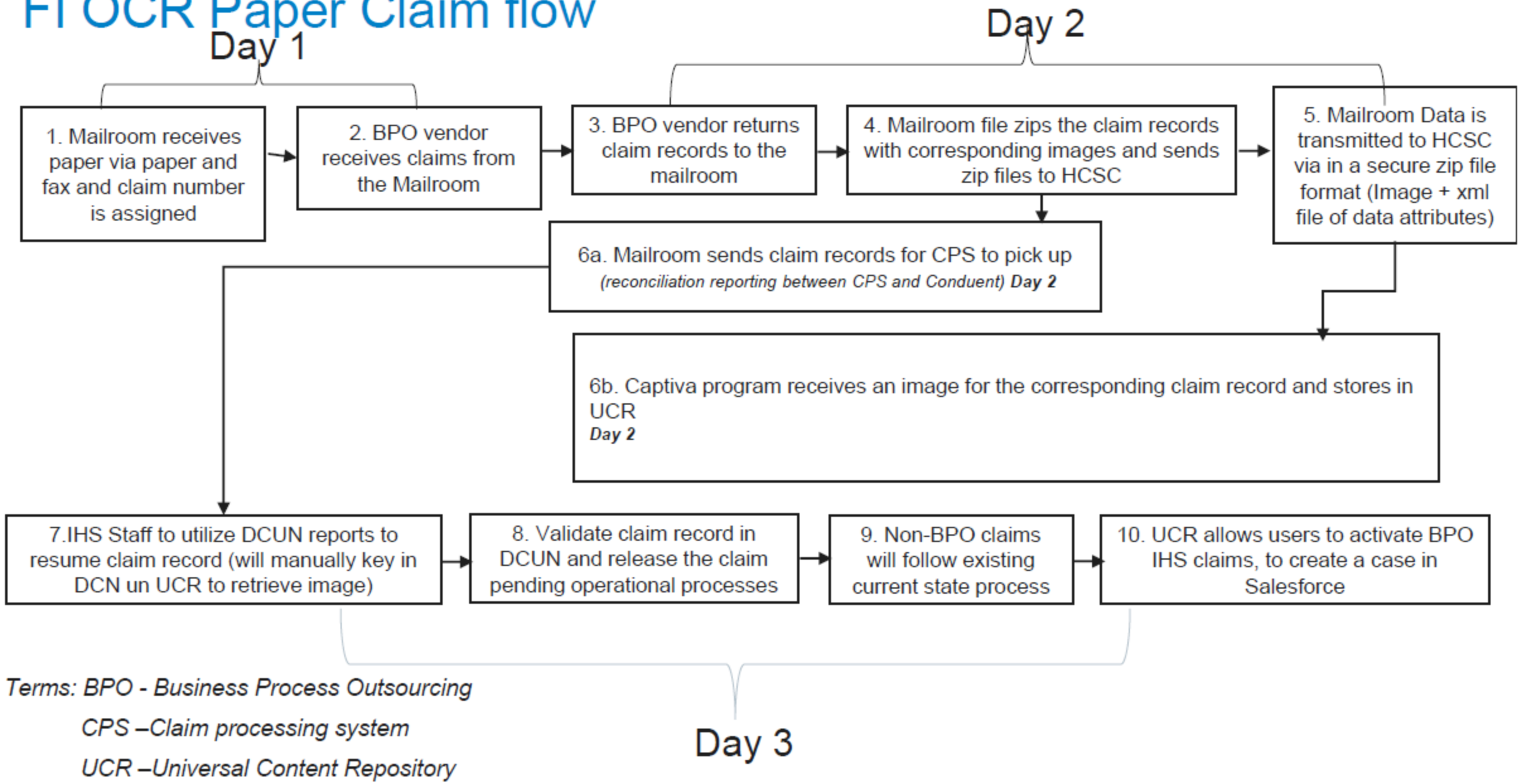
- Clearly write the PDO number [10 alphanumeric characters with no dashes or spaces] and the IHS Patient HRN [6 digits total including a leading zero] on the claim as follows:
  - CMS-1500 form: PDO# in Box 23 and HRN Box 1a
  - CMS-1450 form: PDO# in Box 63 and HRN in Box 80
  - ADA form: PDO# in Box 35
- Mail the packet to the FI's address. Claims should not be faxed – faxed copies are often illegible, which may cause delays in processing.
- If your provider has never filed a claim with the FI, they must submit a W-9 form with the claim.

https://www.bcbsnm.com/ihsfi/providers

Optical Character Recognition (OCR)

- OCR is …
  - the conversion of typed, handwritten, or printed text into a file - from a scanned document
  - widely used as a form of data entry and is a common method of digitizing printed material for use in computer processing
- Allows medical claims, on standard forms, to be scanned in, information digitized and put into a data file that is sent to the FI's claims processing system.
- Claims that have been through the OCR process and do not hit edits will be paid earlier than claims in process.

FI OCR Paper Claim flow



Terms: BPO - Business Process Outsourcing

CPS –Claim processing system

UCR –Universal Content Repository

Electronic Claims

What does my provider need to do to submit claims electronically?

- IHS specific information is required
  - https://www.bcbsnm.com/ihsfi/providers
- Provider sends claim to their clearinghouse
  - Provider clearinghouse sends claim to Availity
  - Availity sends claim to IHS/PRC FI to be loaded into the claims processing system
- FI has the ability to process Alternate Resources (AR) information
  - If the FI has record of other insurance and it does not appear on the claim, the FI will request EOBs
  - If the FI has no record of other insurance but the claim details additional insurance, the FI will request an EOB.

Pre and Post-Pay Reviews

- Appropriateness of care using Milliman guidelines
- Length of stay comparisons to industry
- Quality of care issues identified
- Targeted reviews upon request
- Performed by registered nurses and/or physicians

Reporting

- Recurring Reporting
  - Financial & program management data
  - Weekly, monthly, quarterly, semi-annual, annual

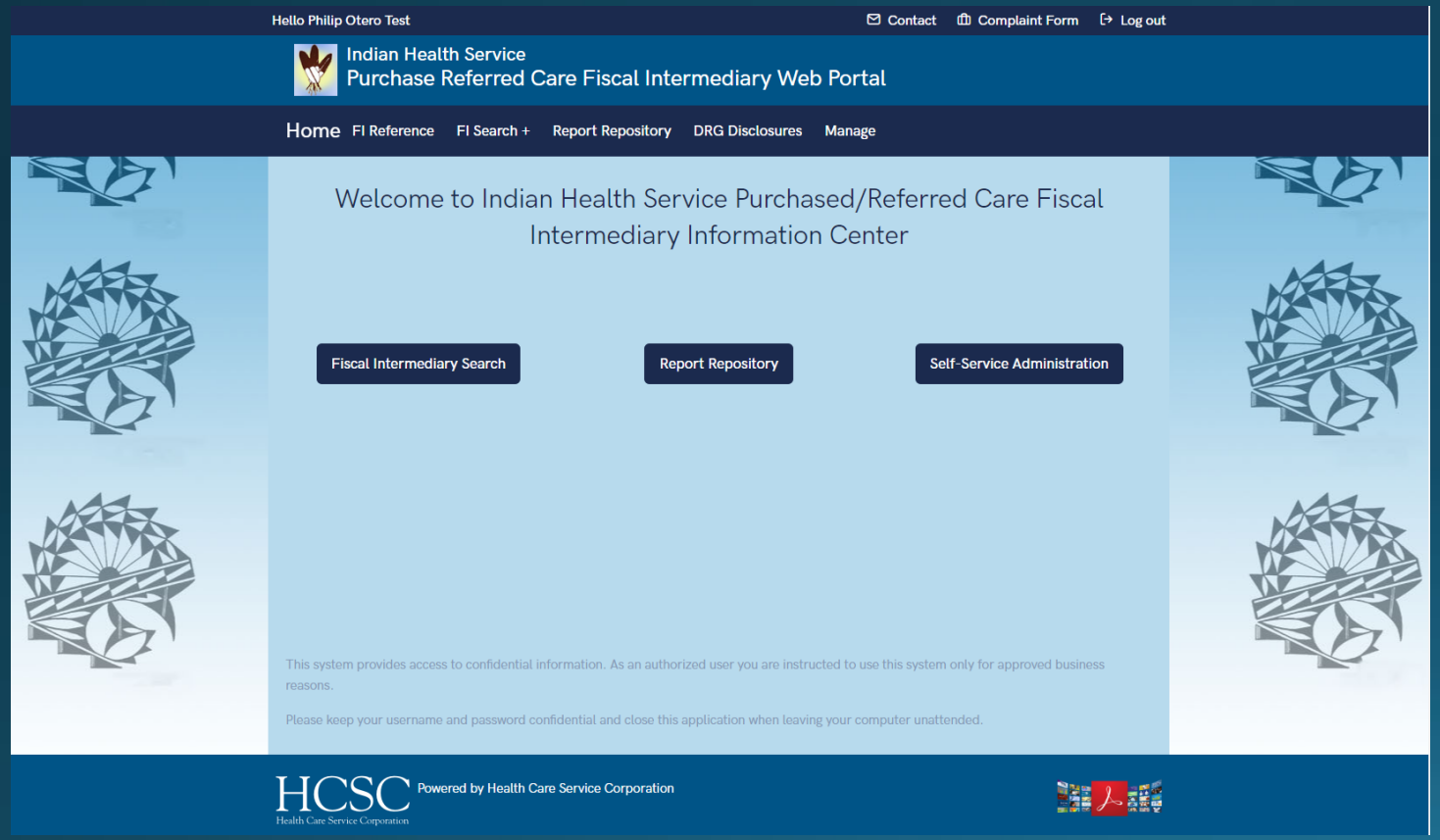
- Ad Hoc Reporting
  - Unique reports for specific data needs, including:
  - Pricing comparisons for contract negotiation
  - Trending for utilization (i.e., payments for specific diagnosis)
  - Analysis of services for cost/benefit analysis

Best Practices

- All documents submitted to FI need a Purchase Order written on it
- Notify FI of the AR term date
- Ensure the date(s) on the Purchase Order match the claim
- Allow 30 days for claims to be processed

FI Website

FI Website

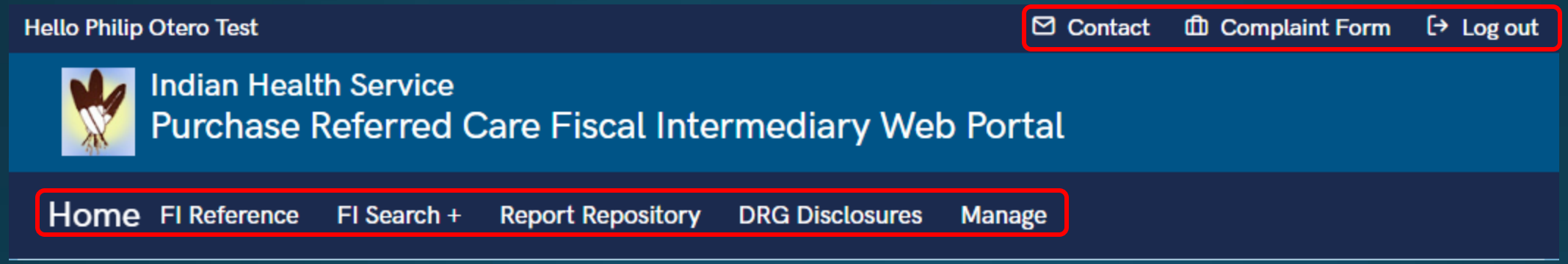


Home Page

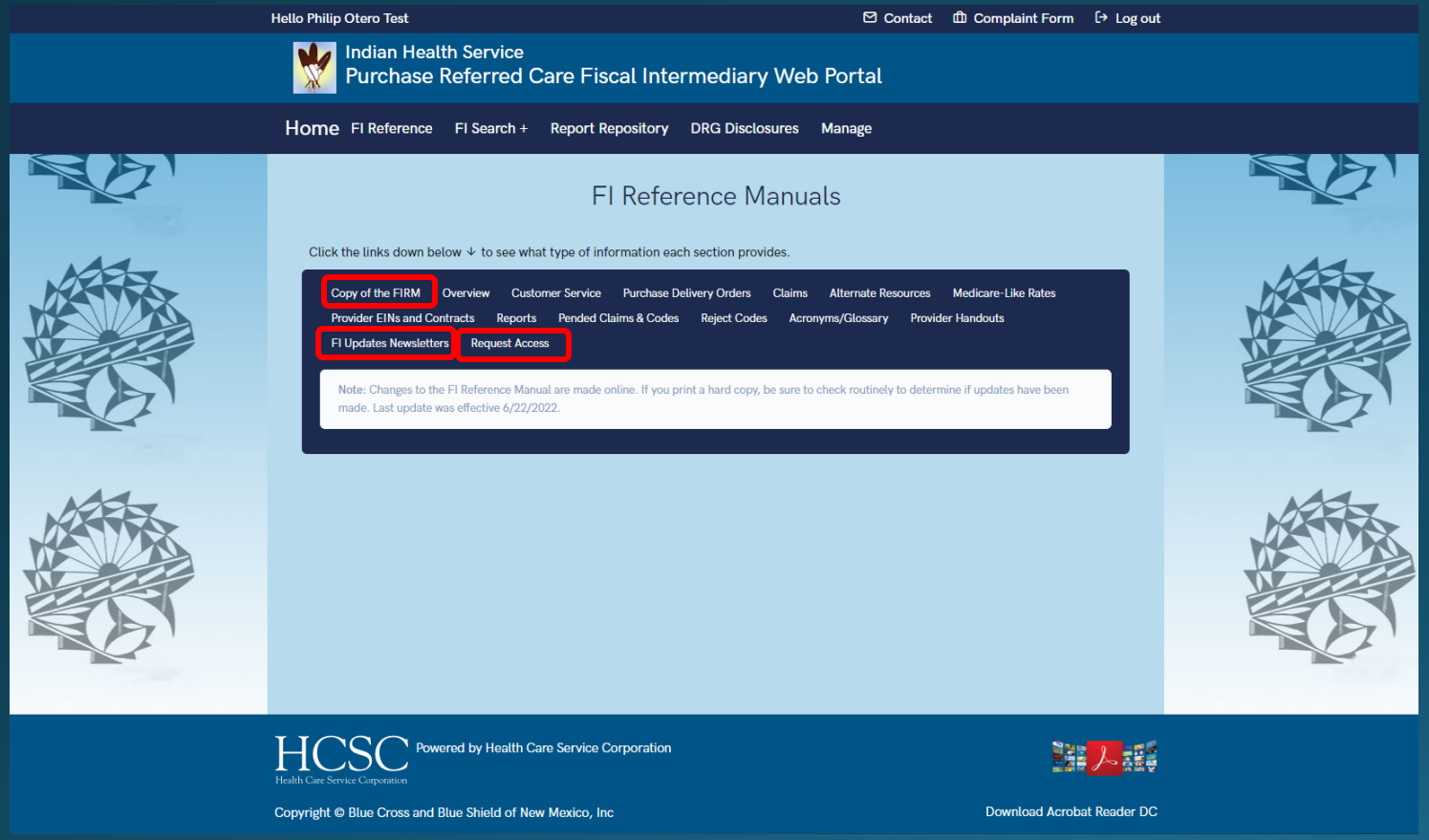
- Layout
- Features
- Navigation

FI Website

Main Menu



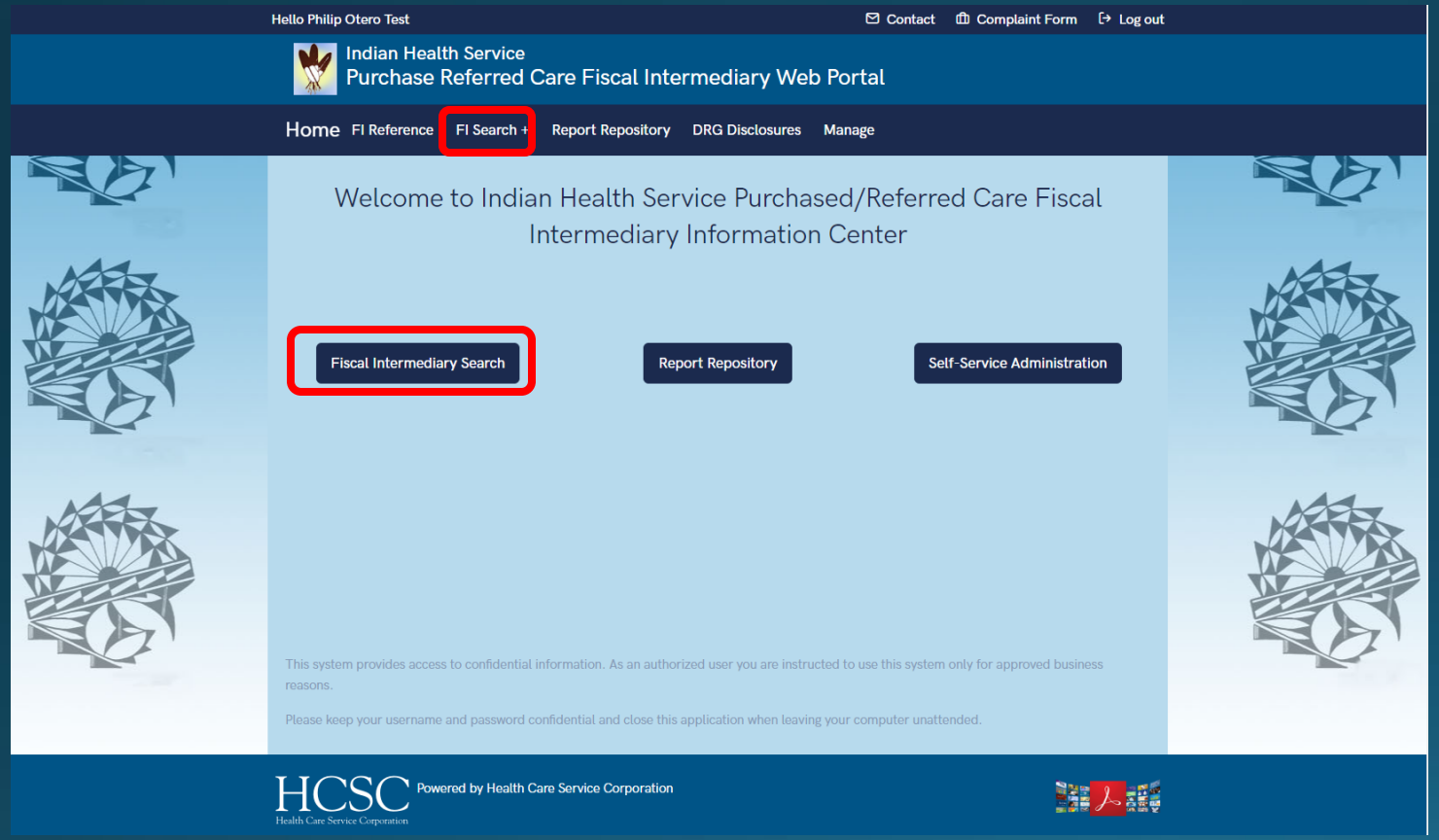
FI Website



FI Reference

- FI Reference Manual (FIRM)
- Newsletter
- Access Request

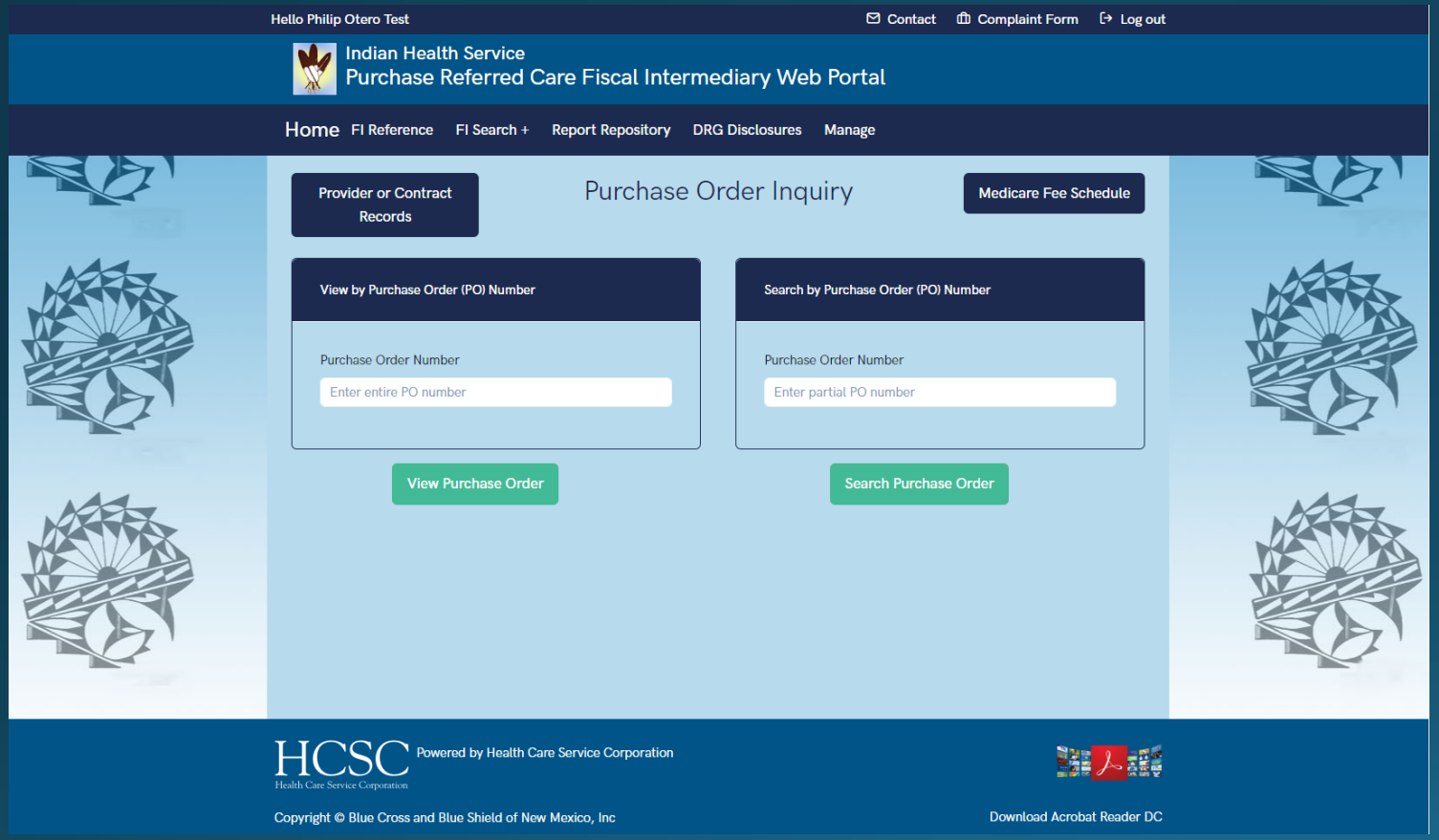
FI Website



FI Search

- Purchase Orders
- Claims Details
- Patient Information
- Provider Information
- Medicare Fee Schedule

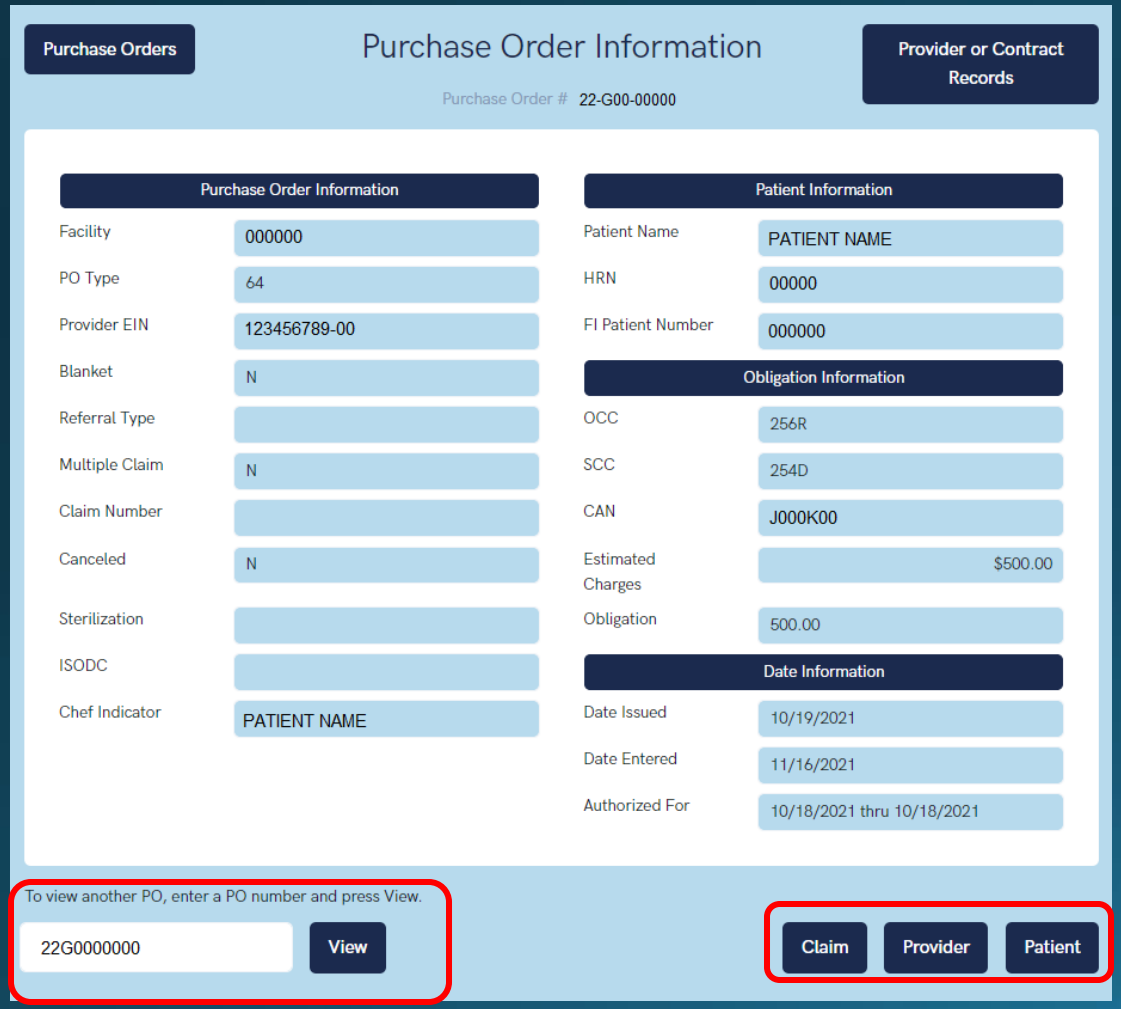
FI Website



PO Inquiry

- View Specific PO Number
- Search a list of POs

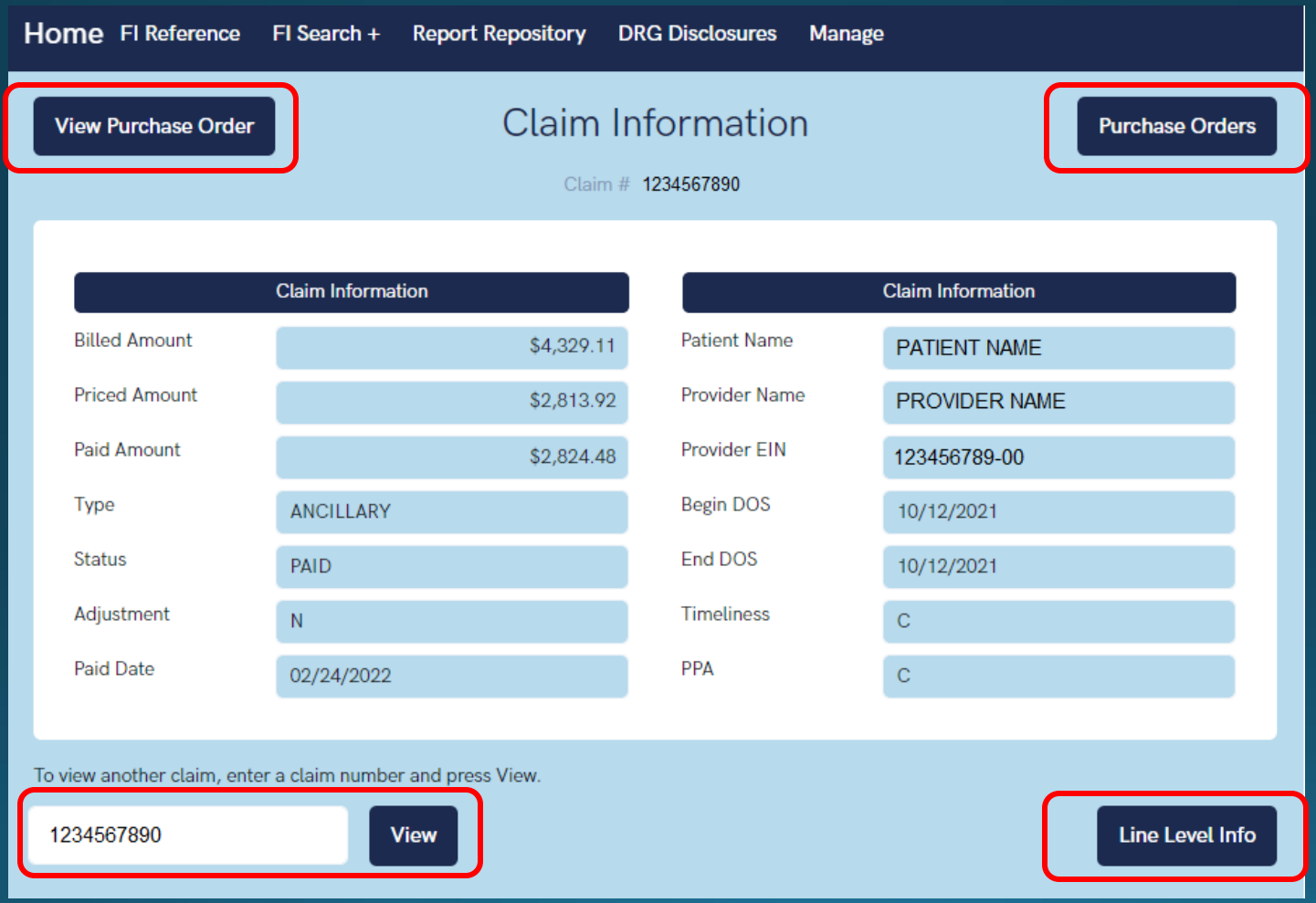
FI Website



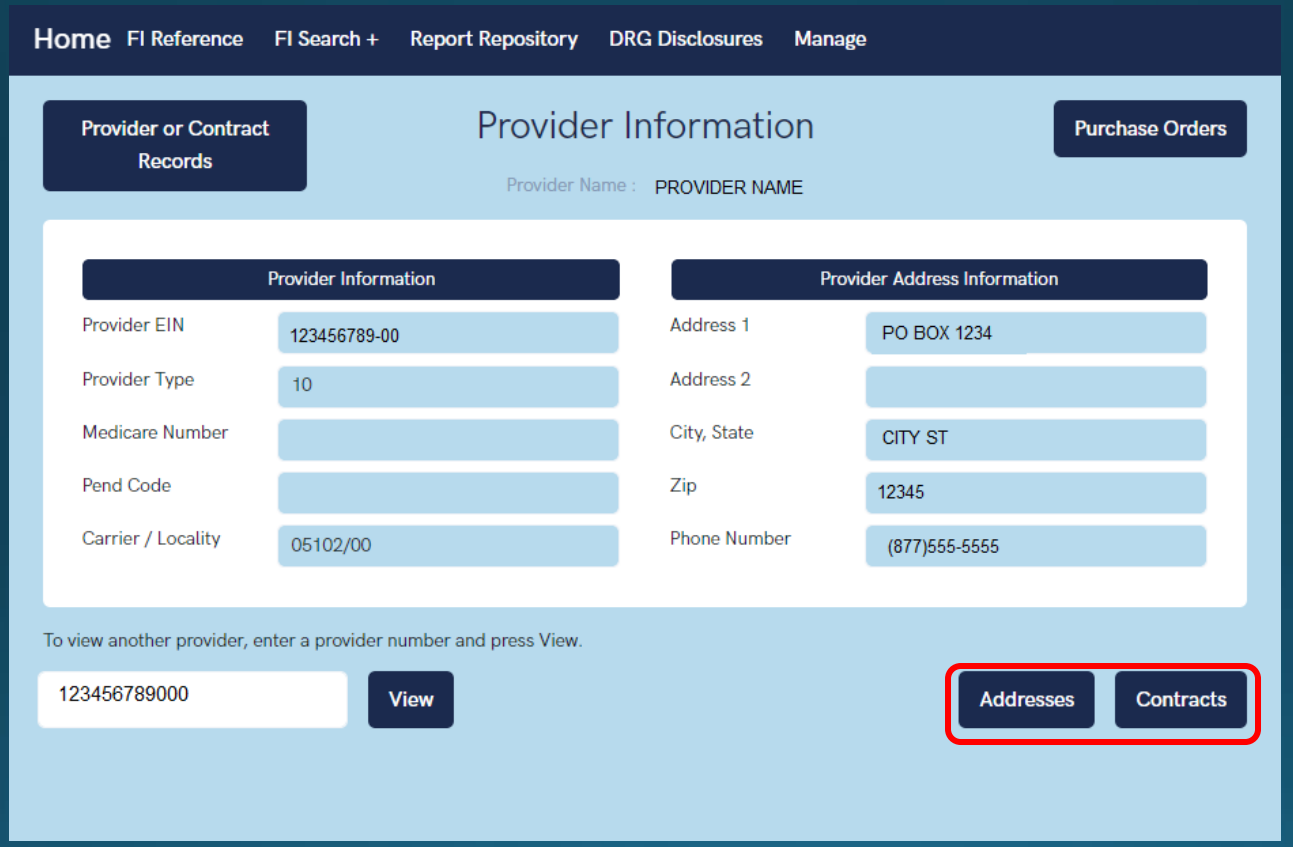
PO Information

- PO detail
- Options to view claim, provider, and patient detail

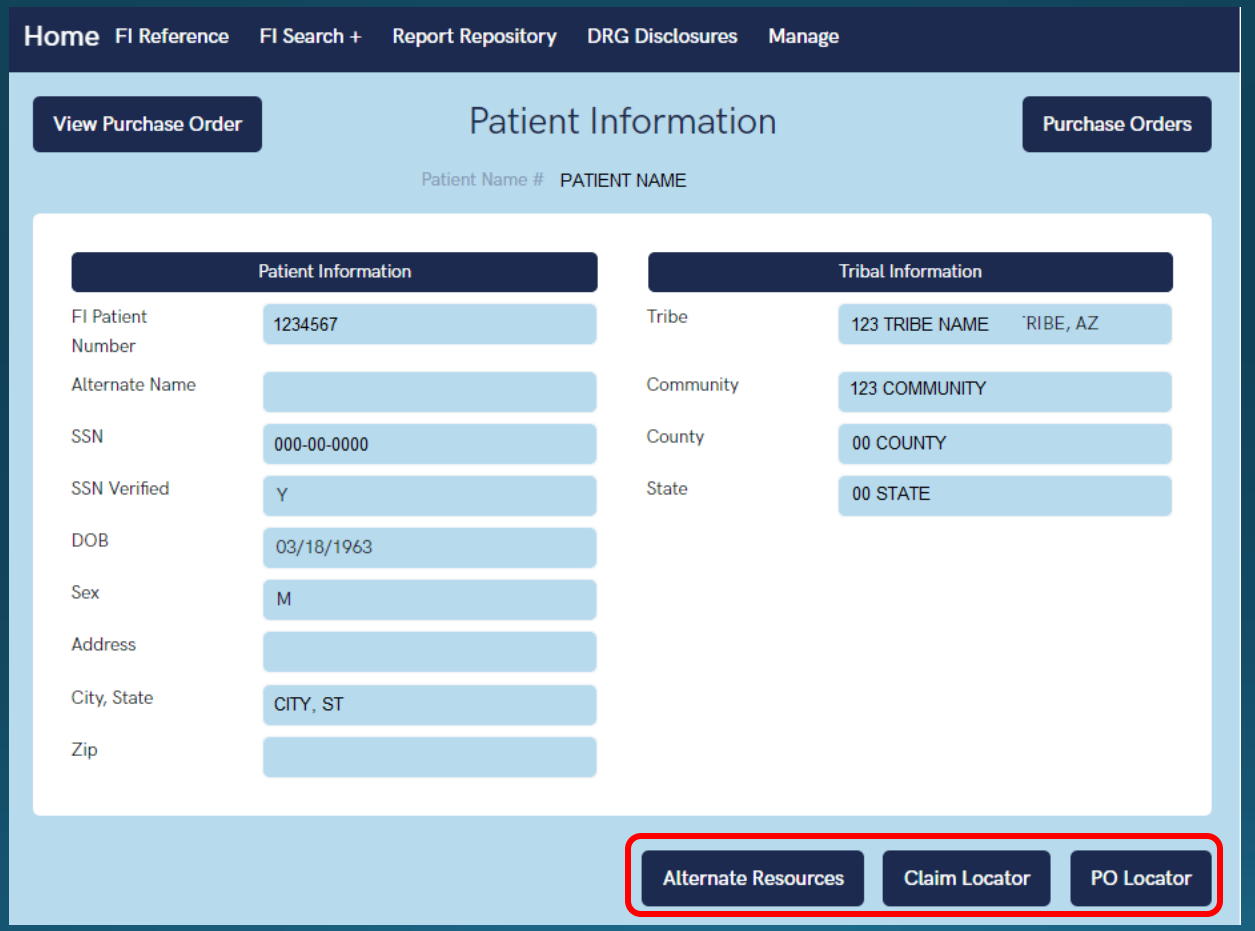
FI Website


Home
FI Reference
FI Search +
Report Repository
DRG Disclosures
Manage
View Purchase Order
Claim Information
Purchase Orders
Claim # 1234567890
Claim Information
Billed Amount
$4,329.11
Priced Amount
$2,813.92
Paid Amount
$2,824.48
Type
ANCILLARY
Status
PAID
Adjustment
N
Paid Date
02/24/2022
Claim Information
Patient Name
PATIENT NAME
Provider Name
PROVIDER NAME
Provider EIN
123456789-00
Begin DOS
10/12/2021
End DOS
10/12/2021
Timeliness
C
PPA
C
To view another claim, enter a claim number and press View.
1234567890
View
Line Level Info

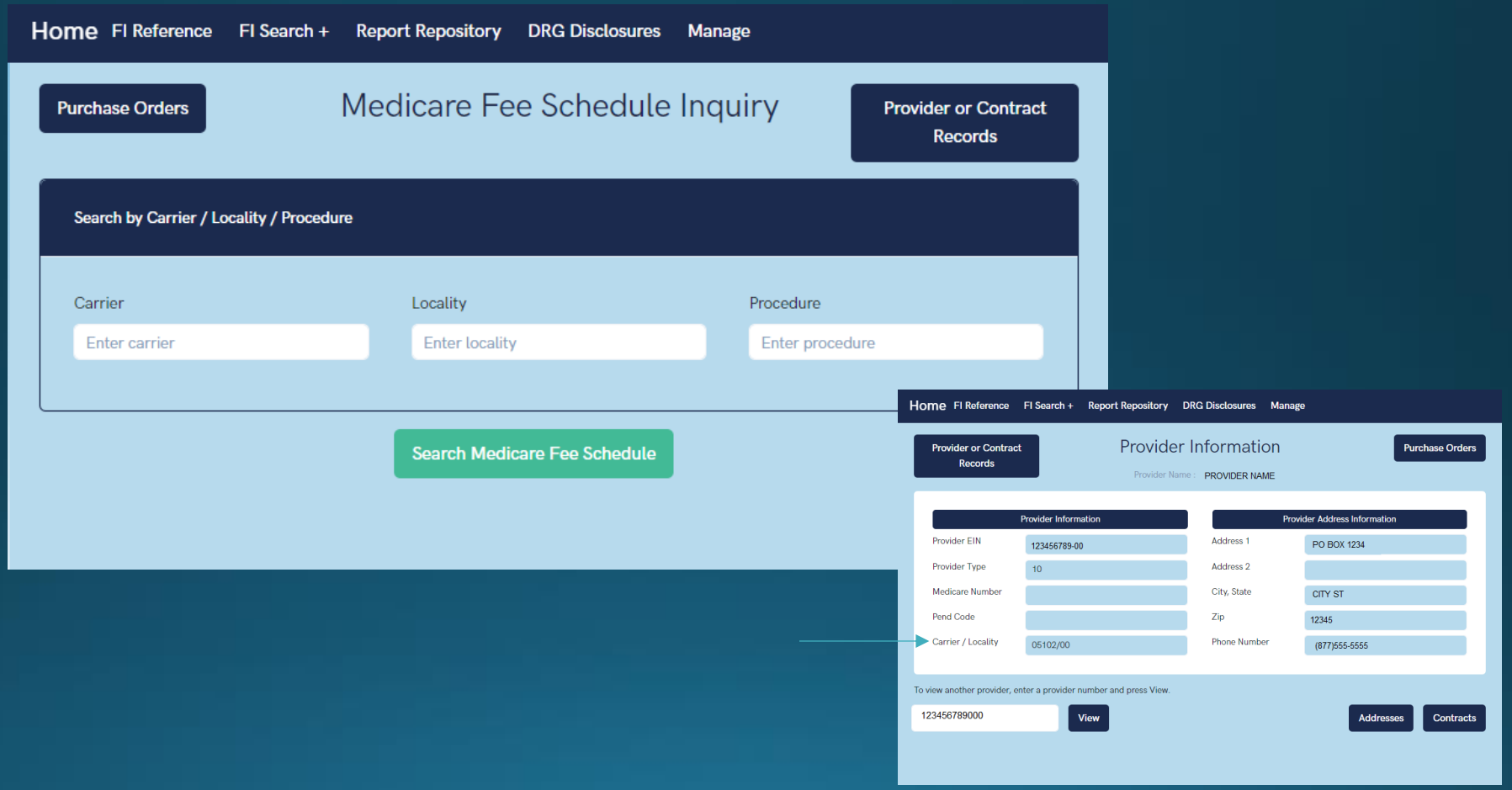
FI Website


Home
FI Reference
FI Search +
Report Repository
DRG Disclosures
Manage
Provider or Contract Records
Provider Information
Purchase Orders
Provider Name : PROVIDER NAME
Provider Information
Provider EIN 123456789-00
Provider Type 10
Medicare Number
Pend Code
Carrier / Locality 05102/00
Provider Address Information
Address 1 PO BOX 1234
Address 2
City, State CITY ST
Zip 12345
Phone Number (877)555-5555
To view another provider, enter a provider number and press View.
123456789000
View
Addresses
Contracts

FI Website


Home
FI Reference
FI Search +
Report Repository
DRG Disclosures
Manage
View Purchase Order
Patient Information
Purchase Orders
Patient Name # PATIENT NAME
Patient Information
FI Patient Number 1234567
Alternate Name
SSN 000-00-0000
SSN Verified Y
DOB 03/18/1963
Sex M
Address
City, State CITY, ST
Zip
Tribal Information
Tribe 123 TRIBE NAME RIBE, AZ
Community 123 COMMUNITY
County 00 COUNTY
State 00 STATE
Alternate Resources
Claim Locator
PO Locator

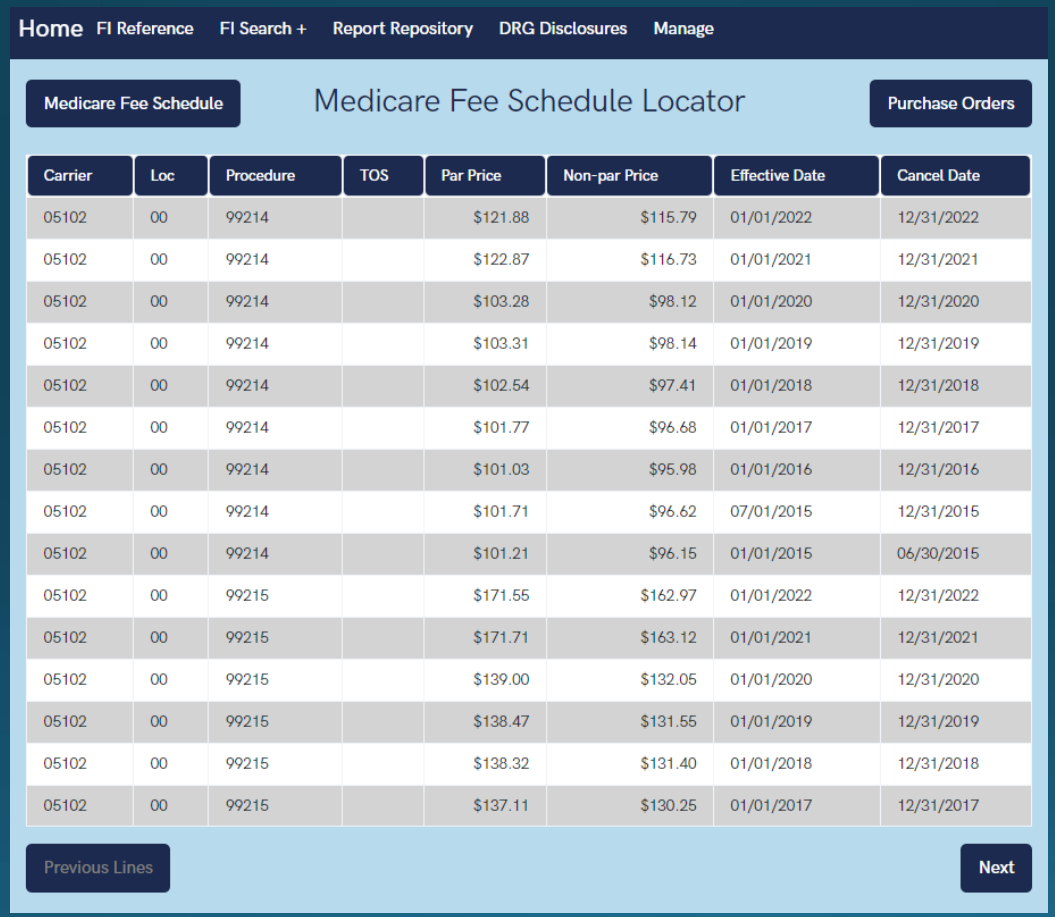
FI Website


Home
FI Reference
FI Search +
Report Repository
DRG Disclosures
Manage
Purchase Orders
Medicare Fee Schedule Inquiry
Provider or Contract Records
Search by Carrier / Locality / Procedure
Carrier
Enter carrier
Locality
Enter locality
Procedure
Enter procedure
Search Medicare Fee Schedule
Home
FI Reference
FI Search +
Report Repository
DRG Disclosures
Manage
Provider or Contract Records
Provider Information
Purchase Orders
Provider Name : PROVIDER NAME
Provider Information
Provider EIN
123456789-00
Provider Type
10
Medicare Number
Pend Code
Carrier / Locality
05102/00
Provider Address Information
Address 1
PO BOX 1234
Address 2
City, State
CITY ST
Zip
12345
Phone Number
(877)555-5555
To view another provider, enter a provider number and press View.
123456789000
View
Addresses
Contracts

FI Website

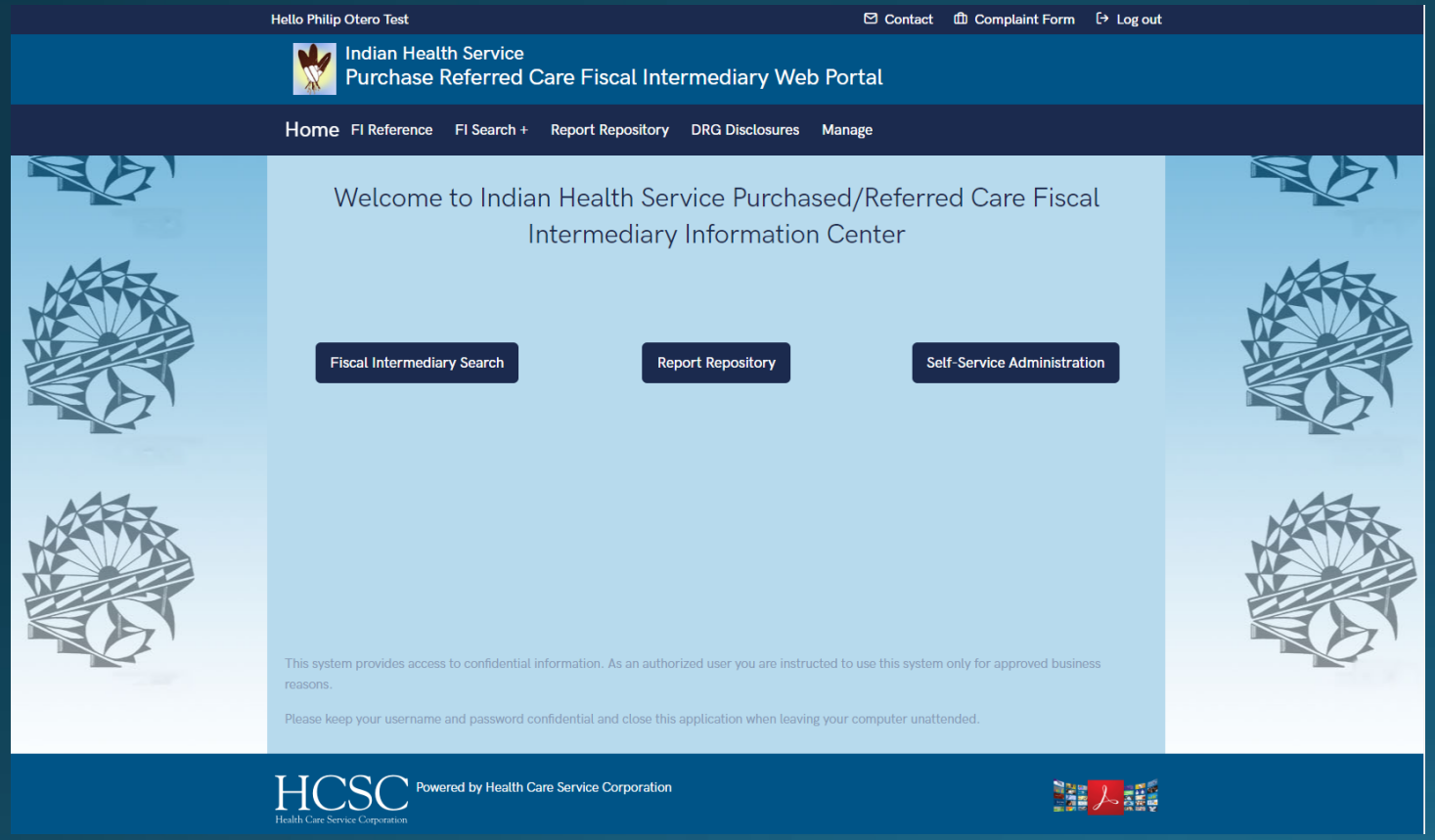
Home
FI Reference
FI Search +
Report Repository
DRG Disclosures
Manage
Purchase Orders
Medicare Fee Schedule Inquiry
Provider or Contract Records
Search by Carrier / Locality / Procedure
Carrier
05102
Locality
00
Procedure
99214
Search Medicare Fee Schedule

FI Website



Carrier	Loc	Procedure	TOS	Par Price	Non-par Price	Effective Date	Cancel Date
05102	00	99214		$121.88	$115.79	01/01/2022	12/31/2022
05102	00	99214		$122.87	$116.73	01/01/2021	12/31/2021
05102	00	99214		$103.28	$98.12	01/01/2020	12/31/2020
05102	00	99214		$103.31	$98.14	01/01/2019	12/31/2019
05102	00	99214		$102.54	$97.41	01/01/2018	12/31/2018
05102	00	99214		$101.77	$96.68	01/01/2017	12/31/2017
05102	00	99214		$101.03	$95.98	01/01/2016	12/31/2016
05102	00	99214		$101.71	$96.62	07/01/2015	12/31/2015
05102	00	99214		$101.21	$96.15	01/01/2015	06/30/2015
05102	00	99215		$171.55	$162.97	01/01/2022	12/31/2022
05102	00	99215		$171.71	$163.12	01/01/2021	12/31/2021
05102	00	99215		$139.00	$132.05	01/01/2020	12/31/2020
05102	00	99215		$138.47	$131.55	01/01/2019	12/31/2019
05102	00	99215		$138.32	$131.40	01/01/2018	12/31/2018
05102	00	99215		$137.11	$130.25	01/01/2017	12/31/2017

FI Website



Report Repository

- Report Access
- Area, Service Unit, and Facility Reports
- Searching the Repository

FI Website

REPORT NAME	Access Level	Frequency
AC Adjusted Claims Summary	Area, Facility	Daily
AC Adjustments	Area, Facility	Daily
Area Pend Summary	Area	Monthly
Area Pend Summary NOC F	Area	Monthly
Check Register	Tribal Only	Daily
Claims Activity Summary Report	Area, SU, Facility	Monthly
Completed Claims Activity Report – Detail	Area, SU, Facility	Monthly
Contracts In Effect	Area	Monthly
Contracts to Expire	Area	Monthly
Daily EOBR's	Area, Facility	Daily
Daily EOBR Summary	Area, Facility	Daily
Dental Claims Activity Summary Report	Area, Facility	Quarterly
Dental Fee Profile Report	Area	Semi-Annually
DRG Disclosure Statement – By Provider	By Provider	Quarterly
DRG Validation	Area	Quarterly
Lag Study	HQ / Tribal	Annually
Medical Inflation	HQ	Quarterly
Monthly Bank Reconciliation Report	Area	Monthly
Monthly Pending Claims Activity Report	Area, Facility	Monthly
National Pend Summary	HQ / Tribal	Daily
National Pend Summary - NOC F	HQ / Tribal	Daily
OMB Report	Area, Facility	Quarterly
Patient Alternate Resource Report	Area, Facility	Quarterly
Pending Claims Summary Report	Area, Facility	Monthly
Pending Claims Summary Report-Area -NOC F	Area	Monthly
Pending Claims Summary National	HQ	Monthly
Pending Claims Summary NOC-F	HQ	Monthly
Practice Variations	Area	Semi-Annually
Prompt Payment Report Detail	Area, Facility	Monthly
Quality Indicators Reports	Area	Semi-Annually
Standard Sets	Area, SU	Annually
Weekly Bank Reconciliation Report	Area	Weekly
Weekly Pending Claims Activity Report	Area, SU, Facility	Weekly

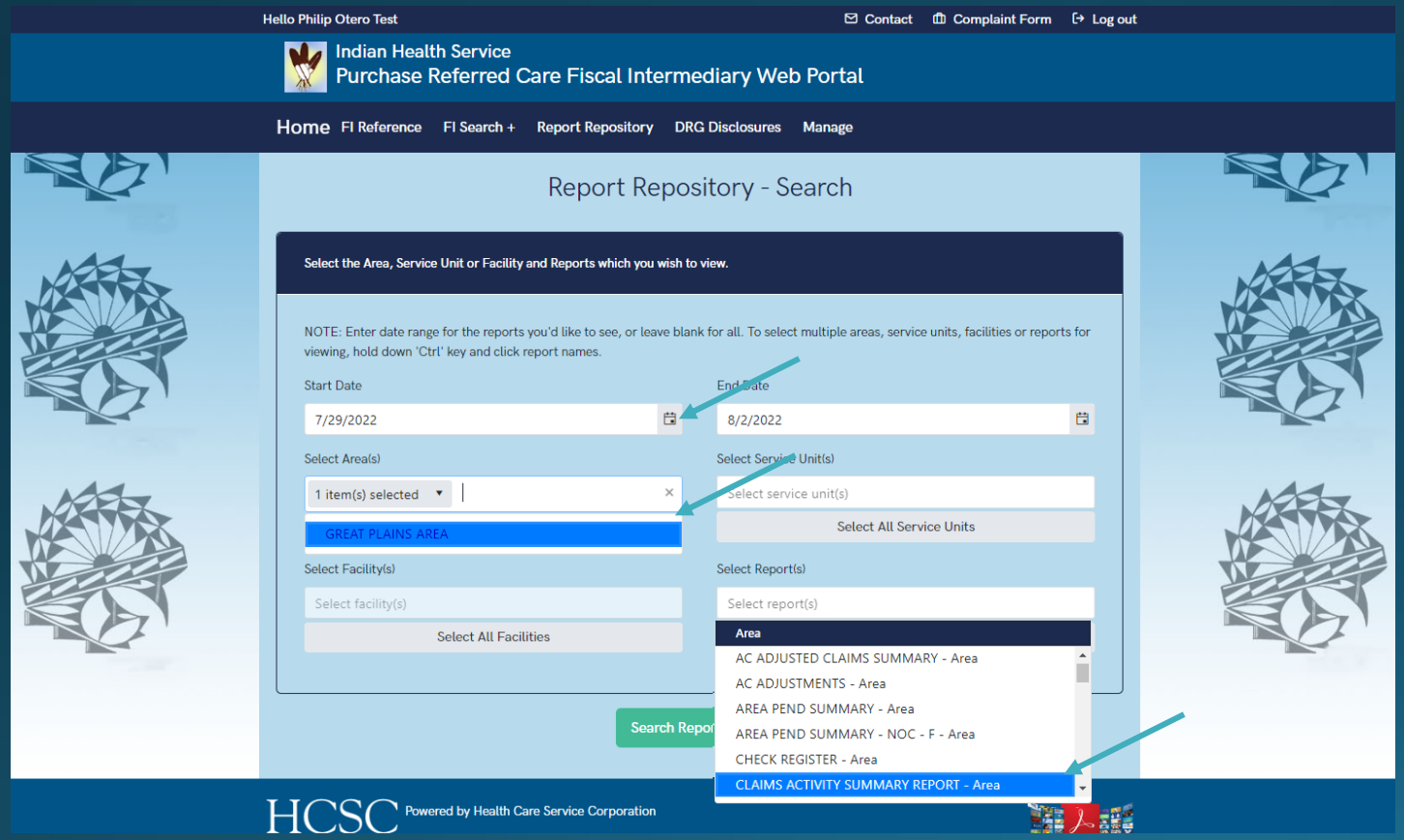
Available Reports

- Area, Service Unit, and Facility
- Daily, Weekly, Monthly, Quarterly, Semi-Annual, Annual

FI Website

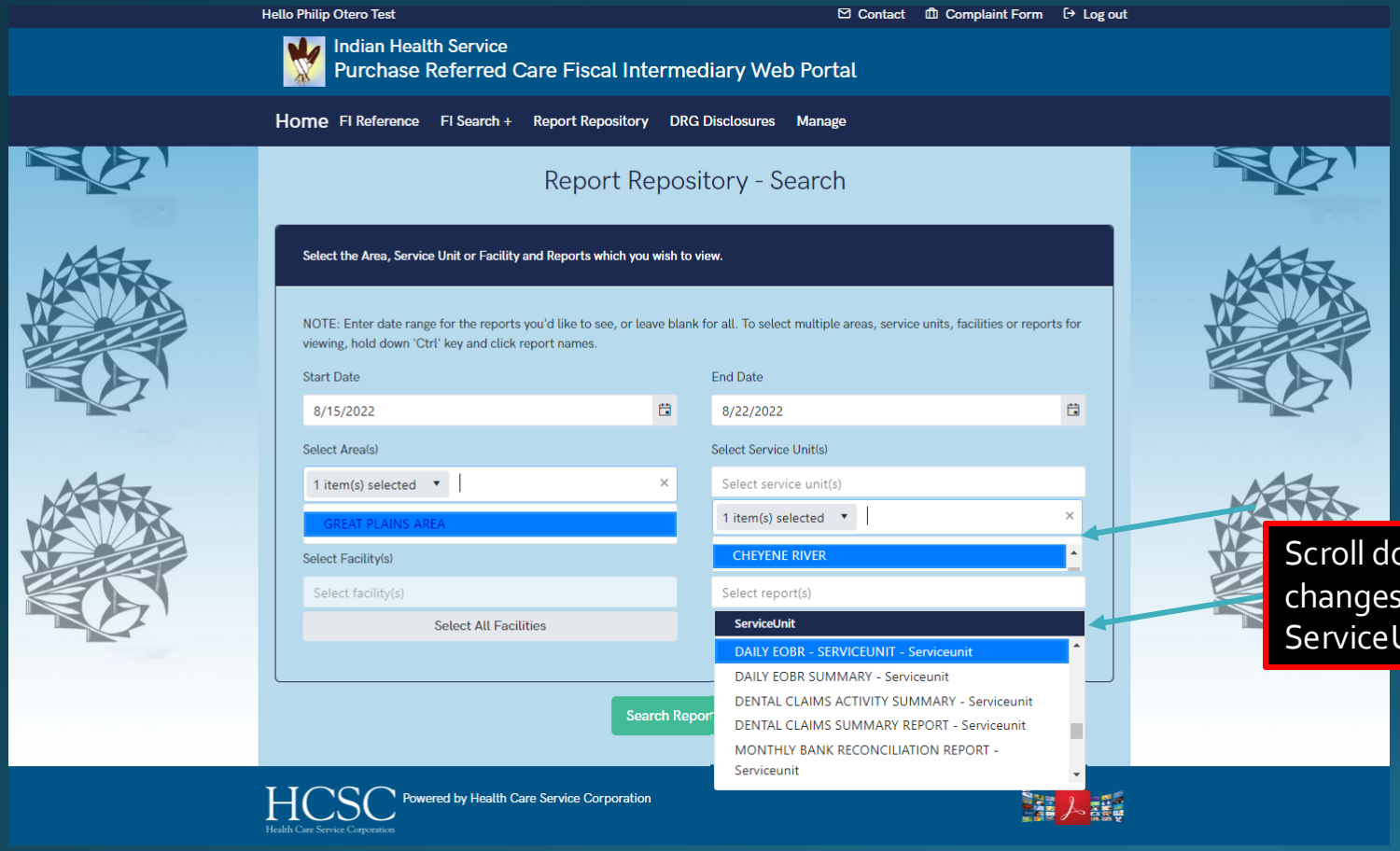
Searching the Report Repository

FI Website



Searching for Area Level Reports

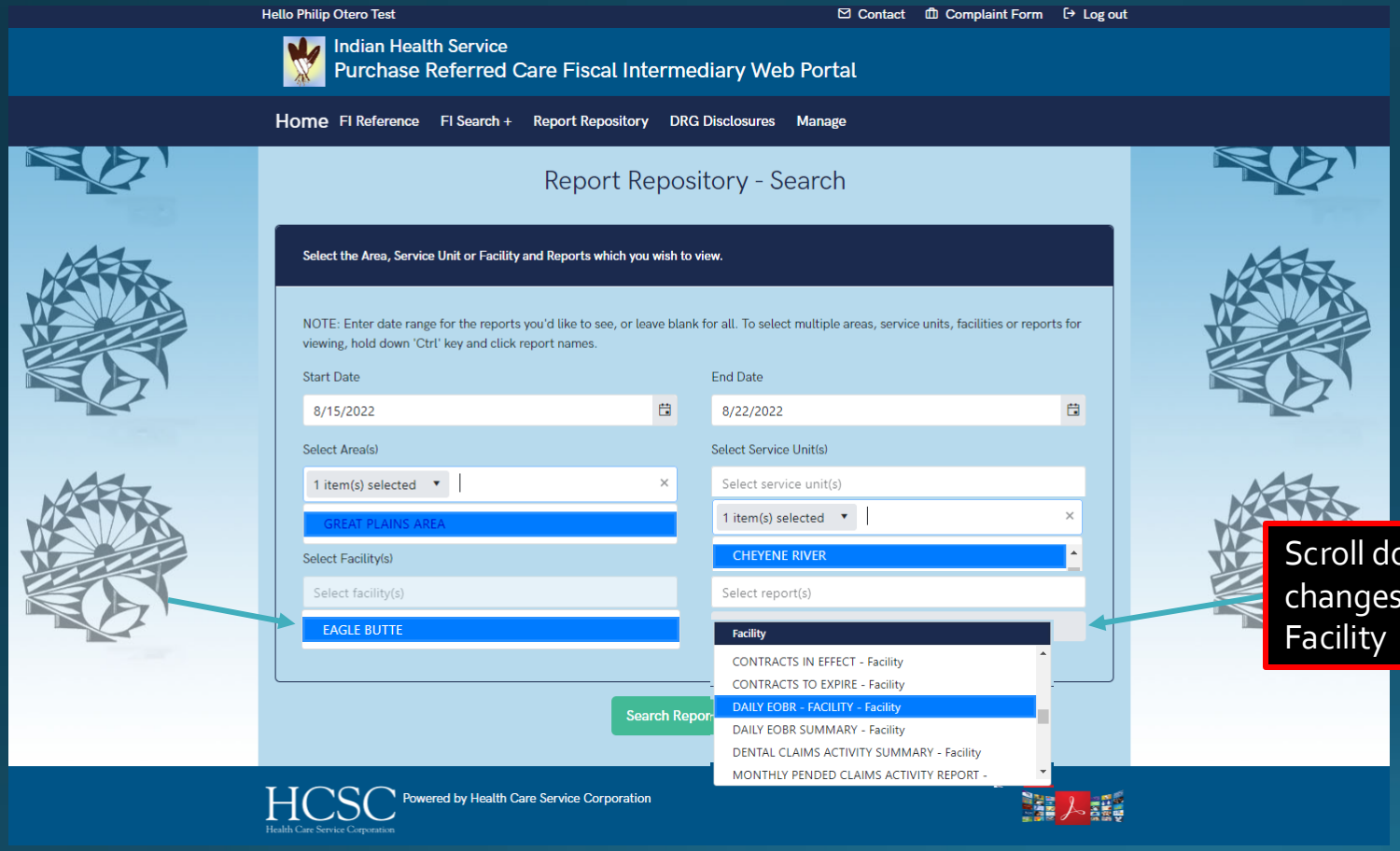
FI Website



Searching for Service Unit Level Reports

Scroll down until this changes from Area to ServiceUnit

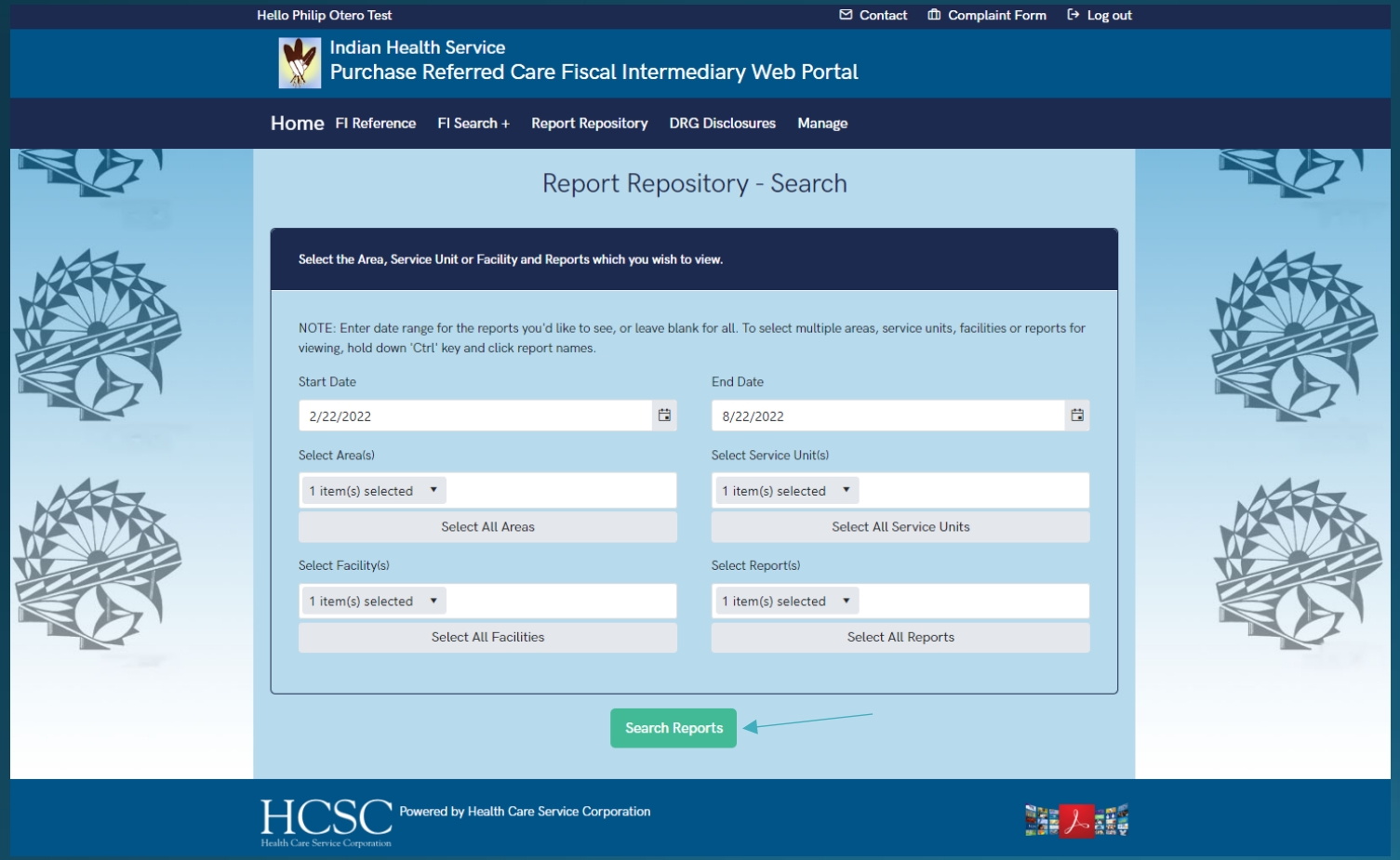
FI Website



Searching for Facility Level Reports

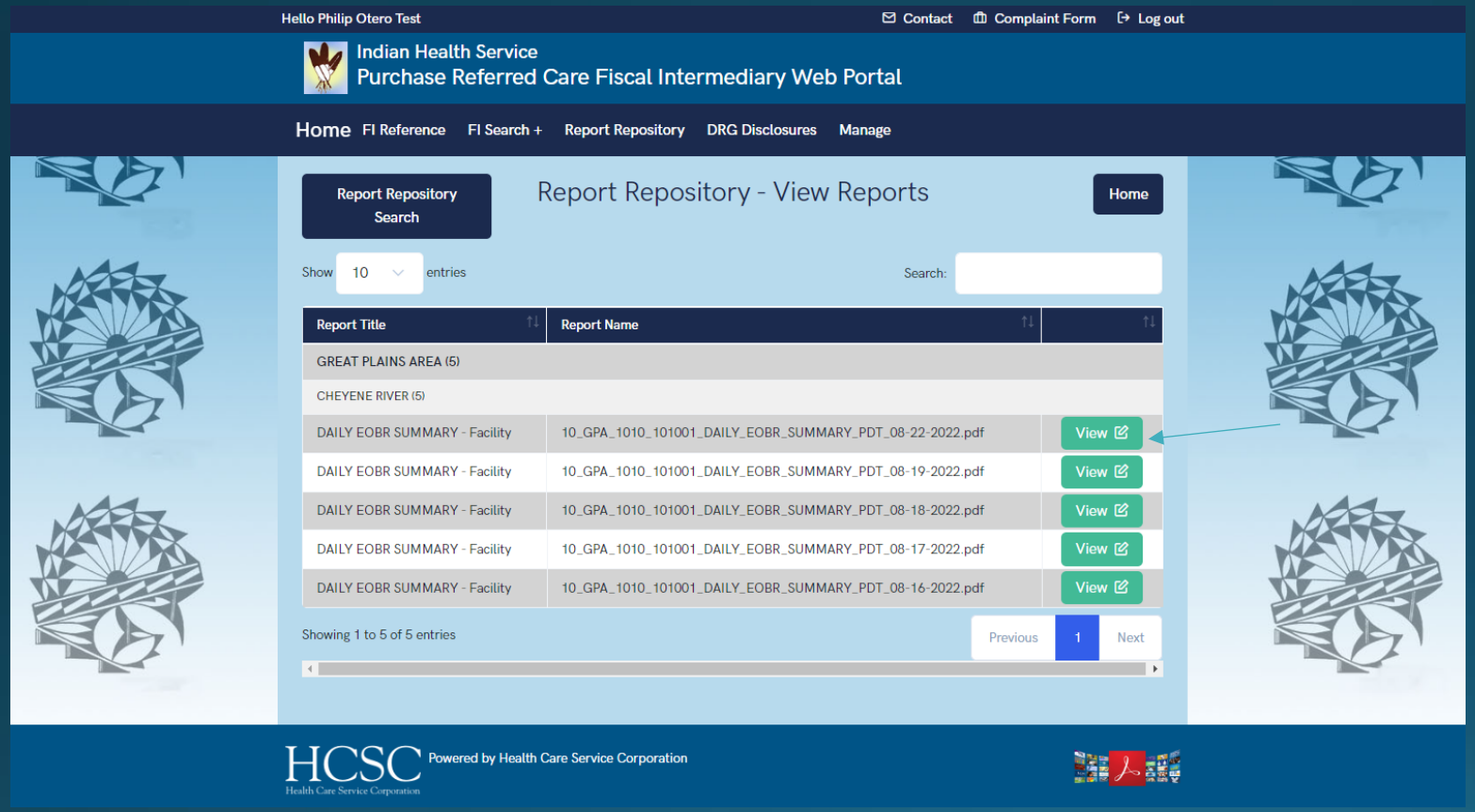
Scroll down until this changes from Area to Facility

FI Website



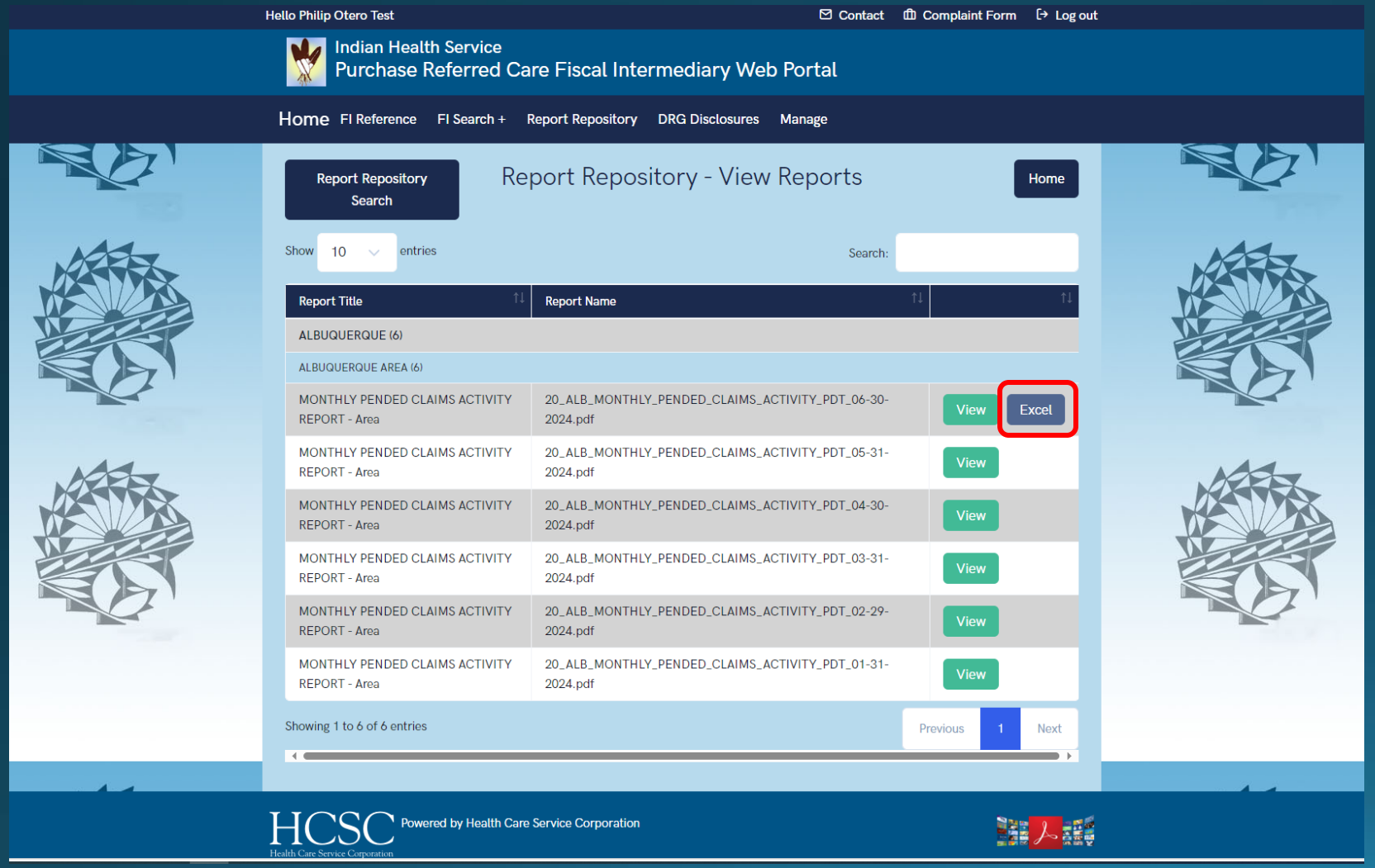
Searching for Facility Level Reports

FI Website



Searching for Facility Level Reports

FI Website

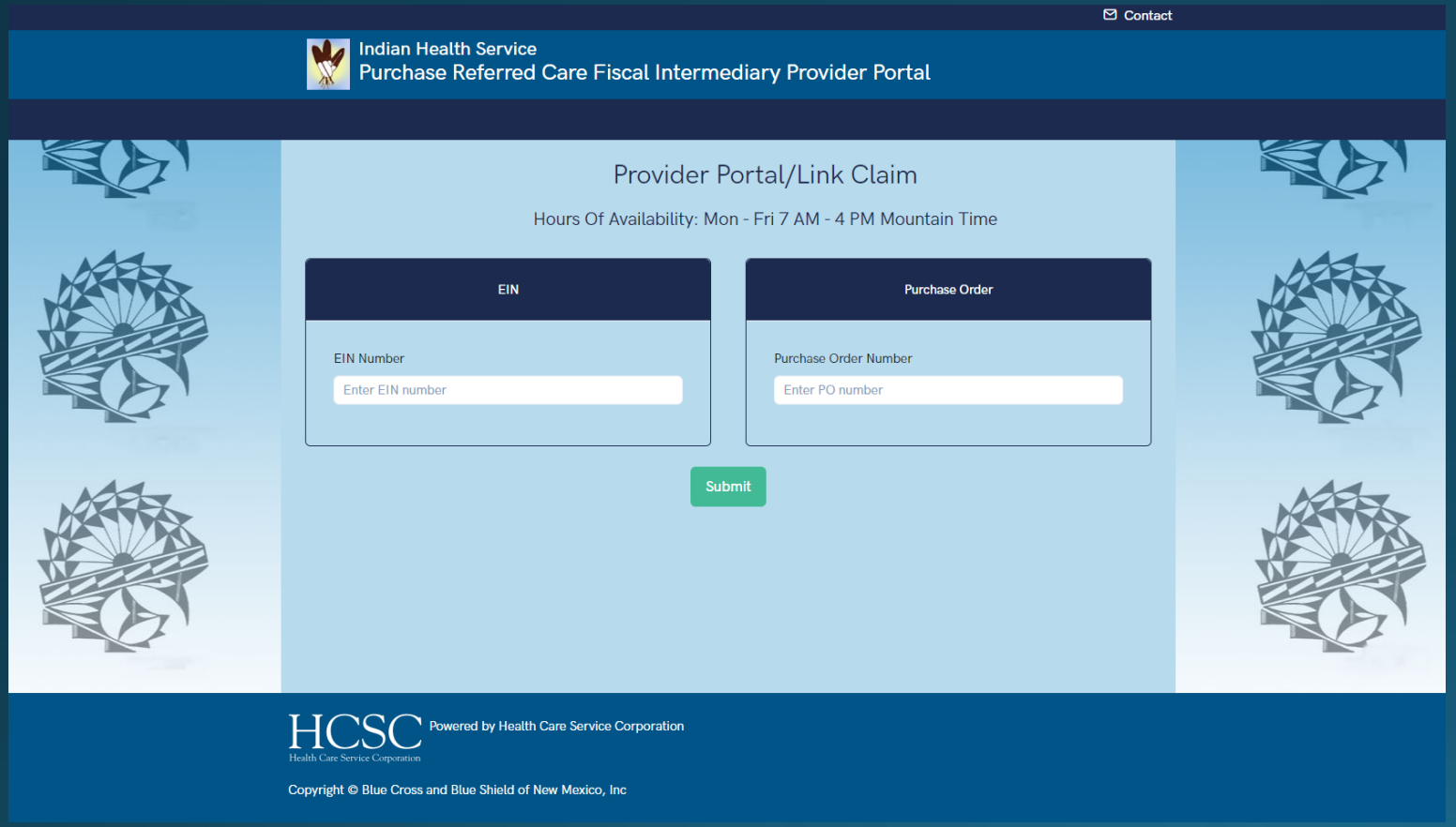


Monthly Pended Claims Activity Report

Most recent report is available for download in Excel format

Provider Portal

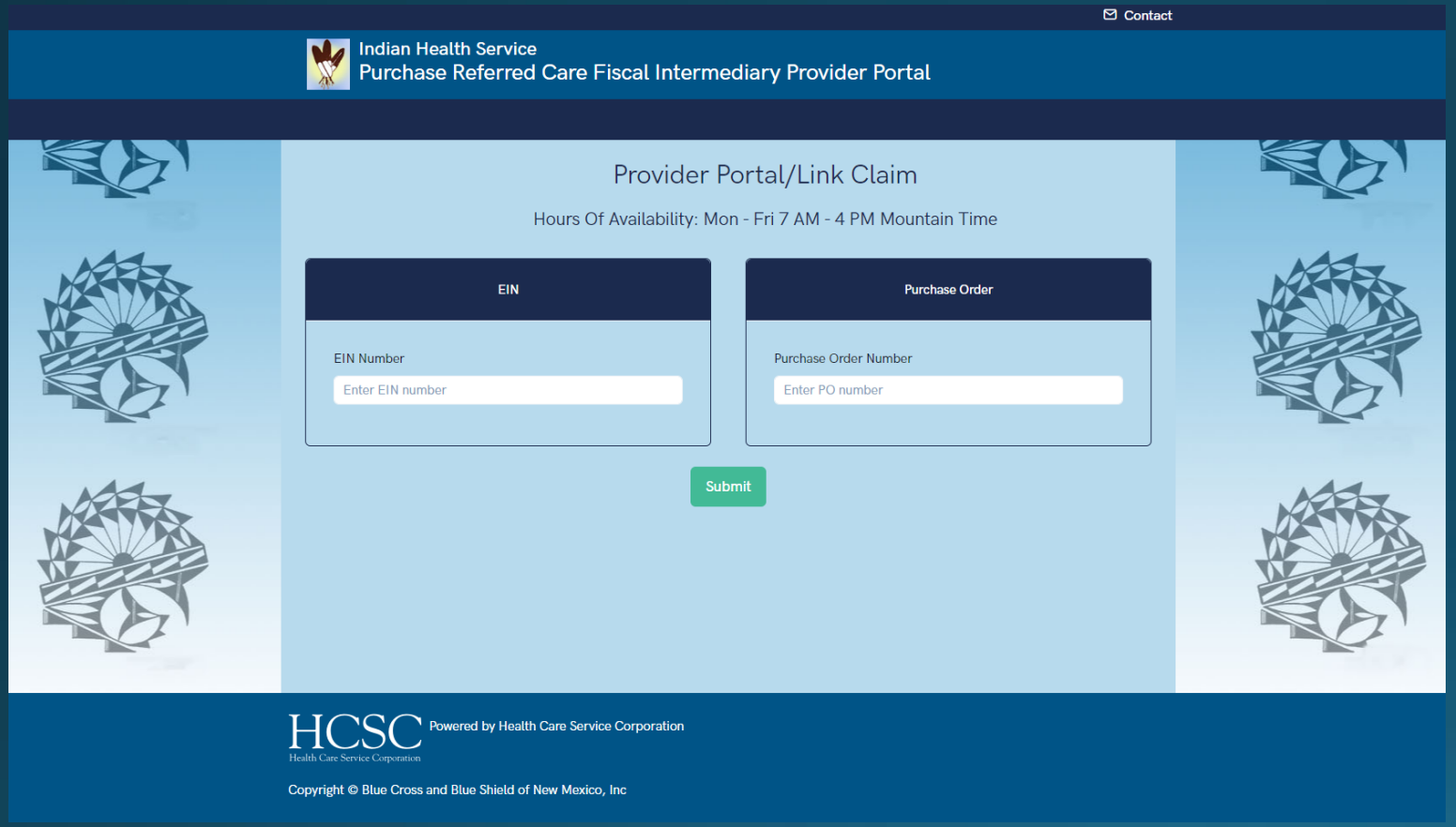
Provider Portal



Providers can check claim status at

www.providerpostatus.com

Provider Portal



Search Results

If a paid claim is found

- Paid Amount
- Paid Date
- Check Number

Provider Portal

Search Results

- If a pended claim is found, “Claim in process. Please do not resubmit”
- If a claim is pending for EOB, "Letter sent requesting EOB(S) contact customer service (800)225-0241".
- If no PO is found or PO is invalid, "Purchase Order [PO Number] not found. Contact Customer service at (800)225-0241."
- If a valid PO, but no corresponding claim is found, “Claim not Found. Contact Customer Service at (800)225-0241.”
- If a Blanket PO is entered, “Contact Customer Service at (800)225-0241.”
- If the EIN and PO entered do not match, “EIN/Purchase Order mismatch. Please contact Service Unit if you believe this is an error.”

Questions