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Revision:

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OMB NO.: 0938-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: OKLAHOMA

Requirements for Third Party Liability –
Payment of Claims

Potential third party payer claims (i.e., diagnosis codes, trauma edits, worker's compensation data exchanges) are reported up to six months from the date of accident or until the cost effective threshold of \$500.00 is met or exceeded. The threshold amount of \$500.00 represents the amount necessary to investigate, submit claims to third party payers and process recoveries. The six month accumulation limit has been determined by claim data to represent the outermost timeframe for which OHCA would identify the initial claim, emergency room visit, related pharmacy claims and follow up visits if necessary.

Recoveries are pursued when private health insurance coverage is identified after OHCA has paid claims for a Medicaid recipient. OHCA's entire population of medical claims is sent to OHCA's TPL contractor on a weekly basis for review.

OHCA has set a \$10.00 threshold for seeking reimbursement for health insurance claims. This threshold amount represents the approximate cost of electronically billing resources and receiving electronic transmittals in response and the minimal manual time for processing. OHCA does not accumulate health insurance claims, rather each claim must meet the \$10.00 threshold amount or reimbursement is not sought. OHCA's TPL contractor receives a file extract weekly and performs daily billing functions as well as weekly and monthly reviews to correct denied claims.

The OHCA TPL contractor performs retro billing for the agency. The cost effective threshold is an accumulated 10.00 per member therefore, multiple claims can be lumped together to meet this threshold. OHCA pursues three years of back claims initially and for anything that was previously billed, OHCA pursues up to five years from the date of service.

Revised 07-01-10

TN# 10-33
Supersedes
TN# 96-03

Approval Date 12-10-2010

Effective Date 7-01-2010

SUPERSEDES TN# 96-03

STATE	<u>Oklahoma</u>
DATE	<u>9-28-2010</u>
DATE	<u>12-10-2010</u>
DATE	<u>7-01-2010</u>
HCN	<u>10-33</u>