

HMO Claim Processing Reference Guide

Developed by the Provider Affairs Operations/Education/Communications Department

HMO Claim Processing	
Group Approval Process (GAP)	HMO/COB Process
<p>The following describes the HMO processing flow with and without a Group Approval Process (GAP) contract. The GAP is a formal contractual agreement between an Individual Practice Association (IPA), a hospital and HMO that facilitates the process of obtaining IPA approval for inpatient hospitalization and outpatient ambulatory surgery. This agreement enables the HMO claim department to process the UB-92 or UB-04 without a written stamped approval from the IPA. Only hospitals with signed contracts can utilize Form Locator "63" (Treatment Authorization Code) of the UB-92 or UB-04 with the code word "GAP."</p> <p>All IPAs interested in pursuing this contract with their affiliated hospitals should contact their Provider Network Consultant. Similarly, hospitals interested in contracting with their affiliated IPAs should contact their Hospital Representative.</p>	<p>A claim is pended for Coordination of Benefits (COB) when the claim is for the spouse or a dependent and we do not have other coverage information on file or the information needs to be updated based on the time frame programmed in the system. The claim will pend and a letter will be generated. The claim is then closed. Upon receipt of the requested information we will consider payment on the claim.</p> <p>The following are acceptable methods to submit this information:</p> <ul style="list-style-type: none"> ▪ The <i>member</i> should return the letter completing all of the information that applies to their situation. ▪ The <i>member</i> may also contact our customer service department and provide them with the requested information. They will load and/or update the file and the adjudication process is completed. <p>A provider may submit via fax or mail, their own COB form as long as it contains all the same information as our form and is signed by the patient. Member's group and certificate number must be on the COB form. Forms may be faxed to (815) 639-7385.</p>
Reimbursement	
<p>Contracted medical groups and IPAs are paid a monthly capitation fee for all HMO members enrolled with their group. The following chart outlines the reimbursement responsibility for the IPA and HMO.</p>	
<p>HMO & Medical Group/IPA Reimbursement (Note: This list is not all inclusive.)</p>	
HMO Responsibility	Medical Group/IPA Responsibility*
<ul style="list-style-type: none"> ▪ Facility charges for: <ul style="list-style-type: none"> -Inpatient stays -Outpatient surgery -Out of area (NGA services) -Emergency Room visit ▪ Observation Units ▪ Professional Emergency Admission - Charges prior to IPA notification ▪ Professional charges for out of area emergency room visits ▪ Hospice ▪ Skilled Nursing Facility ▪ All charges for: <ul style="list-style-type: none"> -Extraction of fully bony impacted teeth -Voluntary Sterilization -Organ Transplants (approved by HMO) ▪ Prescription Drugs ▪ Vision Exam/Eyewear ▪ Chemical Dependency (If referred to HMO Network Provider) ▪ Durable Medical Equipment (If referred to HMO Network Provider) ▪ Skilled Home Health (If referred to HMO Network Provider) ▪ Orthotics/Prosthetics (O&P) (If referred to HMO Network Provider. Note: Some O&P items are always MG risk. Contact MG for more details.) ▪ Medical Supplies (not from an MD office) ▪ Ground Ambulance ▪ ART/Infertility (If referred to HMO Network Provider) 	<ul style="list-style-type: none"> ▪ Professional Fees for: <ul style="list-style-type: none"> -Inpatient -Outpatient -In area Emergency Room visit ▪ Outpatient Diagnostics ▪ Outpatient Rehabilitation ▪ Medical Supplies from MD office ▪ Injections ▪ Immunizations ▪ Well Child Care ▪ Outpatient Mental Health ▪ Periodic Health Exams ▪ Dental - see Section II, C.2 of MSA ▪ Orthotics/Prosthetics (O&P) (If referred to Provider other than HMO Network Provider. Note: Some O&P items are always MG risk. Contact MG for more details.) ▪ Outpatient Radiation and Chemotherapy ▪ Outpatient Inhalation (Respiratory) Therapy ▪ Outpatient Hearing Screening ▪ Outpatient Ancillary Services ▪ Outpatient treatment (dialysis, etc.) ▪ ART/Infertility (If referred to Provider other than HMO Network Provider) ▪ Durable Medical Equipment (if referred to Provider other than HMO Network Provider) ▪ Skilled Home Health (if referred to Provider other than HMO Network Provider or for an Ambulatory member) ▪ Chemical Dependency Professional Charges (if referred to Provider other than HMO Network Provider)
<p>Log on to the BCBSIL Provider Web site at www.bcsil.com for more information on HMO Claims Processing.</p>	
Page 1	(see reverse side)

HMO Claim Processing Flow Chart

