SummaCare

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Policy Number: CSCL0030
Manual Name: SMSO Policy Manual
Policy Name: Monitoring of Medicare Prompt Payment of Claims
Approved By: Stephen Adamson
Last Revised: 05/03/2019

SMSO Policy Manual
MONITORING OF MEDICARE PROMPT PAYMENT OF CLAIMS

Executive Sponsor:	Stephen Adamson, Chief Operations Officer
Issuing Department:	Claims
Gate Keeper:	Melissa Rusk, Director Claims

COMPLIANCE STATEMENT:

Enforcement:	All members of the workforce are responsible for compliance with this policy. Failure to abide by the requirements of this policy may result in corrective action, up to and including termination. Workforce members are responsible for reporting any observed violations of this policy.
Review Schedule:	This policy will be reviewed and updated as necessary and no less than every two years.
Monitoring and Auditing:	The Issuing/Collaborating Department(s) is responsible for monitoring compliance with this policy.
Documentation:	Documentation related to this policy must be maintained for a minimum of 10 years.

Applies to:

- ☒ SummaCare
- ☐ Summa Health Management Company
- ☒ Apex
- ☒ Summa Insurance Company

Line of Business:

- ☐ Commercial Groups
- ☐ Medicare Supplemental
- ☒ Medicare
- ☐ On-Exchange

☐ Off-Exchange ☐ Self-Funded

1.0 Purpose:

1.1 To outline processes in place to ensure claims are processed in accordance with regulations.

2.0 Policy:

2.1 SummaCare requires claims to be processed in accordance with CMS regulations outlined in Chapter 13.

3.0 Procedure:

3.1 Medicare Claims Management will monitor Medicare Inventory daily.

3.1.1 Monday

3.1.1.1 Review the Claims Turn Time Summary Report

3.1.1.2 Queue aging reports pulled for Medicare contracted and Medicare non-contracted providers

3.1.1.3 Email drafted to department Director, Team Lead and Claim Specialists indicating

3.1.1.3.1 Total Medicare claims on-hand

3.1.1.3.2 Aging date of oldest claim

3.1.1.3.3 Aging date of oldest correspondence

3.1.1.3.4 Top five pends in the department and total of those pends

3.1.1.3.5 Assignments are updated according to the staff schedule

3.1.2 Tuesday

3.1.2.1 Queue aging reports pulled for Medicare

3.1.2.2 Queue assignments are updated according to the staff schedule

3.1.3 Wednesday

3.1.3.1 Inventory Management update is provided to department Director

3.1.3.1.1 High level of inventory change from week to week

3.1.3.1.2 Staffing updates affecting Medicare business

3.1.3.1.3 System updates affecting Medicare business

3.1.3.1.4 Claim inventory in the Claims Department for Medicare

3.1.3.1.5 Claim inventory outside the Claims Department for Medicare

3.1.3.1.5.1 Spreadsheets of claims needing resolution sent to those departments

3.1.3.1.6 Correspondence inventory

3.1.3.1.7 Spreadsheets updated/included in this communication

3.1.3.1.7.1 Claims Queue Aging report with breakdowns by aging category

3.1.3.1.7.2 Aging on hand – weekly count of claims for contracted and non-contracted providers pending over 30 days for each department outside of claims

3.1.3.1.7.3 Medicare 90+ review – snapshot view of week to week changes in the various Medicare queues

3.1.3.1.7.4 Weekly Correspondence – snapshot view of week to week changes in Medicare correspondence by aging categories

3.1.3.1.7.5 Weekly Pended Claim Inventory Summary - weekly tabs in this workbook showing week to week summary line of business inventory by aging categories

3.1.3.2 Queue aging reports pulled for Medicare

3.1.3.3 Email drafted to department Director, Team Lead and Claim Specialists indicating the following for both contracted and non-contracted providers

3.1.3.3.1 Total Medicare on-hand

3.1.3.3.2 Aging date of oldest claim

3.1.3.3.3 Aging date of oldest correspondence

3.1.3.3.4 Top five pends in the department and total of those pends

3.1.3.3.5 Queue assignments are updated according to the staff schedule

3.1.4 Thursday

3.1.4.1 Queue aging reports pulled for Medicare

3.1.4.2 Queue assignments are updated according to the staff schedule

3.1.5 Friday

3.1.5.1 Queue aging reports pulled for Medicare

3.1.5.2 Queue assignments are updated according to the staff schedule

3.2 Monthly reports are provided to Compliance via email by the 15th of the following month. Non-compliance with standards is reported via email to Compliance when discovered. This communication includes completed research of the issues and the actions taken to remediate and correct

3.3 Melissa Rusk, Director, Claims & BPO Operations has the authority and responsibility for the activities in this policy or procedure?

3.4 The Issuing Dept. is responsible for monitoring/enforcing the compliance with this policy?

3.4.1 Compliance will conduct periodic reviews to monitor and audit compliance with this policy

4.0 References:

4.1 Source of the policy (regulatory citation, accreditation standard, internal standard)

4.1.1 MMCM Chapter 13

4.2 Are there any references to other documents, regulations, or intranet locations?

4.2.1 None

4.3 Are there other policies that work in conjunction with this policy?

4.3.1 None

5.0 Definitions:

5.1 Contracted Providers: a physician or facility that participates in the SummaCare network

5.2 Non-Contracted Provider: a physician or facility that does not participate in the SummaCare network

6.0 Key Words or Aliases (Optional):

6.1 Are there any key words that you may use to find this policy in a search?

6.1.1 Medicare, prompt payment, claims, contracted providers, non-contracted providers, CMS

ORIGINAL *EFFECTIVE DATE*:	6/25/2014
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