

HPA Robots-as-a-Service

Facets[®] Experience

Claims

Adjustments:

- **Access Fee** – Create adjustment by matching claims from client-provided file to original claim in Facets, then cross over to mainframe ITS and create an NFO6.
- **Bluesquare** – Create adjusted claim in Facets and cross over to the ITS web portal.
- **Generic** – Clear all line-level pricing overrides and re-adjudicate the claim.
- **Recovery** – Bypass overpayment recovery or issue refund letter.
- **Q-Codes** – Reprice and apply overrides using pricing from payer's web portal.
- **MSRE** – Update allowed amounts for multiple surgery reduction pends.
- **Provider Update** – Update claim's provider based on client-provided report.
- **Home Health CMS Claims** – Reprice home health claims using external CMS pricer.
- **Claim Creation** – Pay interest back to members based on client-provided report.

Authorizations:

- **AUTH** – Search and apply authorizations to claims.

Claim Scrubbing:

- **XC** – Scrub member/provider selection before moving into workflow.
- **MEXC/PAUD** – Review claim notes for member/provider payment exceptions.
- **Review Subscriber Payment** – Determine whether payment should be made to the provider or subscriber.
- **MM/MLTM** – Validate/update claims with multiple modifiers.
- **Manual Processing for Individual Products** – Research member's office visit frequency and add service rule overrides as needed, otherwise paying the claim.

- **Proactive Reports (NONITS)** – Check and deny claims with non-par out of state providers.
- **Proactive Reports (MEDEXCL)** – Validate and disallow non-applicable procedure codes.
- **Member Audits** – Supply screenshots and documentation for CMS audits.
- **Claims Re-pend** – Re-pend claims to correct queue.
- **J-Codes** – Determine if J-Code is billed with valid NDC using external website.
- **Therapy Bundling** – Bundle therapy services together based on date of service.

Specialty Claims:

- **Outpatient ER (Opt In)** – Reprice outpatient emergency room claims for opt-in members.
- **Inpatient (Opt In)** – Reprice inpatient claims for opt-in members.
- **Dialysis** – Process Medicare and Medicaid dialysis claims using CMS ESRD pricer and Facets data.
- **SNF RUG** – Reprice and process Skilled Nursing Facility claims for Resource Utilization Groups.
- **SNF Therapy/Custodial** – Reprice and process Skilled Nursing Facility therapy/custodial claims.
- **Critical Access Hospital** – Price inpatient and outpatient claims according to Medicare guidelines.
- **DME Host SF Code Match** – Determine if DME charges are rental or purchase, calculate and add allowed amounts to claim.
- **ASCP** – Price acute care claims that bill an office visit based on surgical codes.
- **FSA Procedure** – Process flex spending withdrawal requests.

Duplicate Claims:

- **DUP** – Research and resolve possible duplicate claims by adjustment or denials.
- **FREQ** – Research and resolve possible duplicate/adjusted hospital claims.

COB:

- **COB** – Determine if claims should be paid or denied and calculate patient's responsibility.
- **Medicare COB** – Apply pricing adjustments using EOB or Facets service rules.
- **COB Letter Notes** – Notate when members/dependents COB letters have been mailed.
- **Sanctions/Crossover** – Verify and apply sanctions for COB.
- **COB OOP Split** – Apply copay to lab and X-ray claims based on member's benefit plan and daily claim history.

Encounter Data:

- **Encounter Claims** – Enter encounter claims using a client-provided spreadsheet.
- **Claim Lines** – Enter and update history claim service lines.

Configuration Processes

- **NetworX** – Update agreement rates in NetworX.

Provider Maintenance

- **PDEM** – Resolve provider demographics mismatches on claims.
- **PUNK** – Resolve unknown/missing providers on claims.
- **AGR** – Resolve unknown/missing provider agreements.
- **DIRE** – Research and select provider.
- **OON Providers** – Update provider records with out-of-network agreements.
- **New Group Setup** – Create new provider group records.
- **Group Renewal** – Renew/update provider group records.
- **Provider Network Update** – Terminate or add networks on provider records.

Enrollment

- **Add/Term/Update** – Add/terminate/update member/subscriber enrollments.
- **TRR Reports** – Update eligibility segments based on enrollment requests from CMS.
- **VIP** – Update member's VIP type.
- **Auto-recovery Update** – Update member accounts for overpayments and reductions.
- **ID Card Ordering** – Order new or replacement ID cards.
- **Membership and Billing Letters** – Generate and prepare change of marketplace letters.
- **Member Audits** – Supply screenshots and documentation for CMS audits.

Billing

- **Payment Posting** – Post credit card payments.
- **Commission Adjustment** – Post commission adjustments from group.
- **Refunds** – Post refunds from provider.
- **Refunds Receipt** – Create receipts for previously-applied refunds post check-write.