

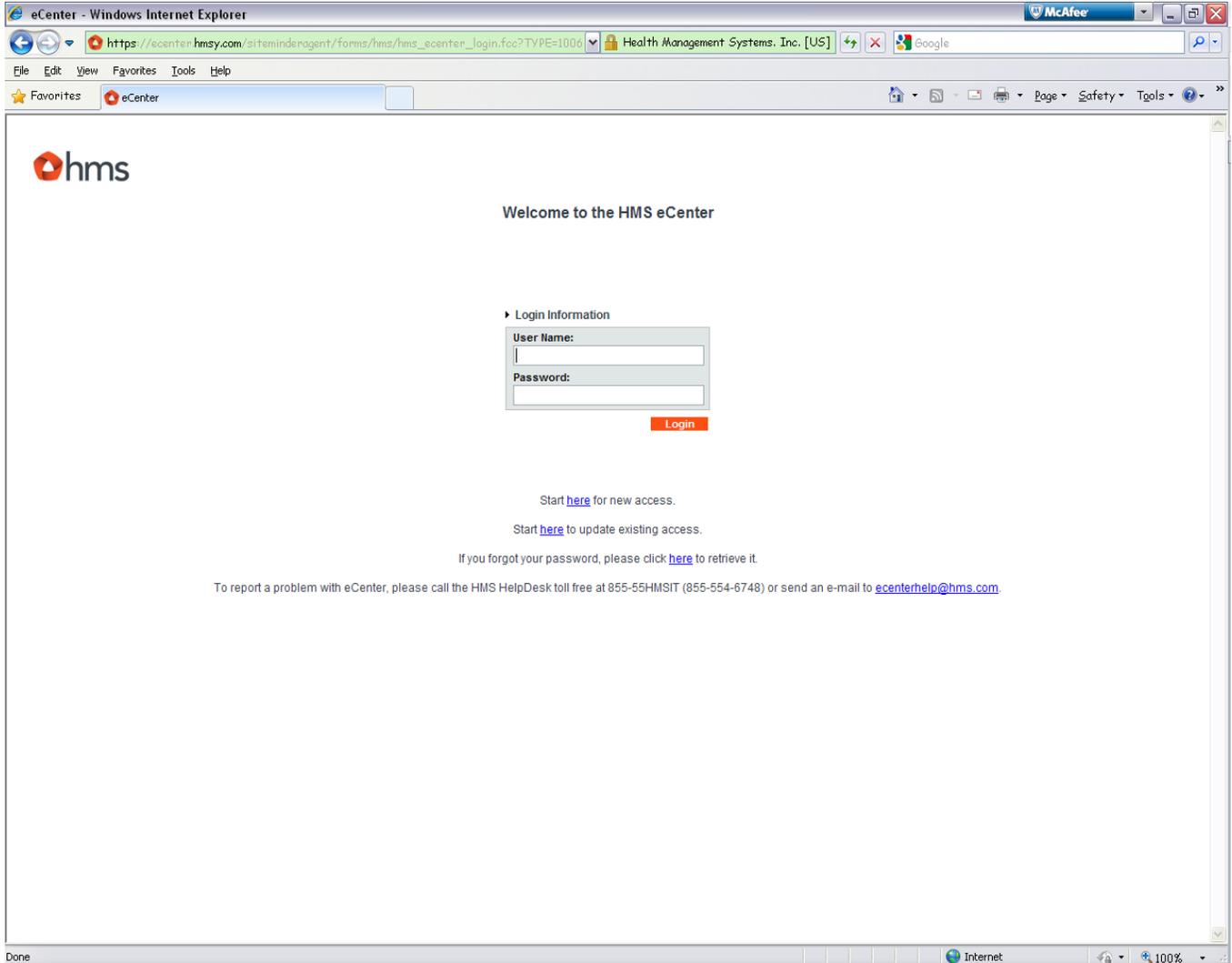


REPORT THIRD PARTY LIABILITY PROCEDURE MANUAL

April 29, 2013

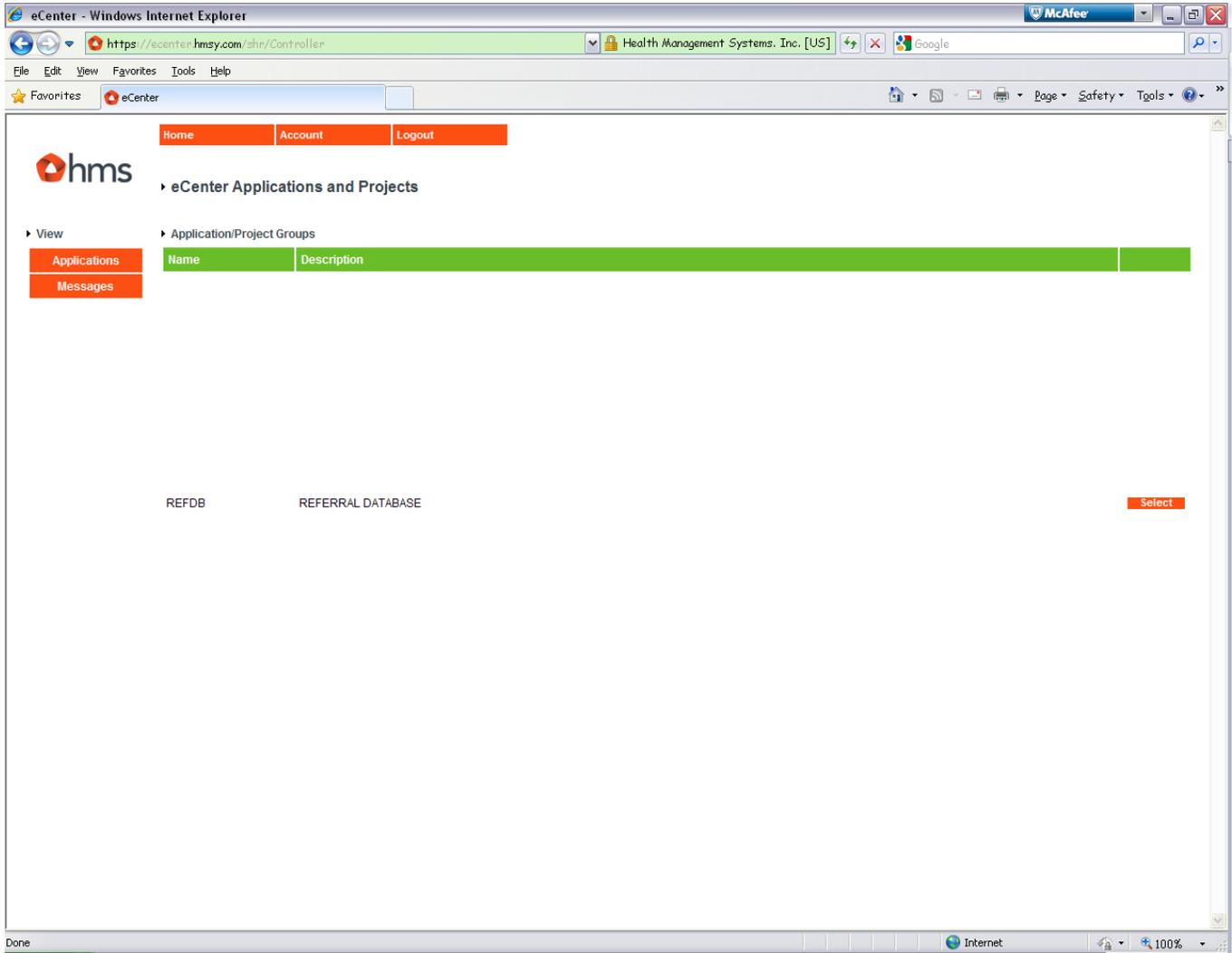
- Go to the internet address and enter: <https://ecenter.hmsy.com>

Exhibit A



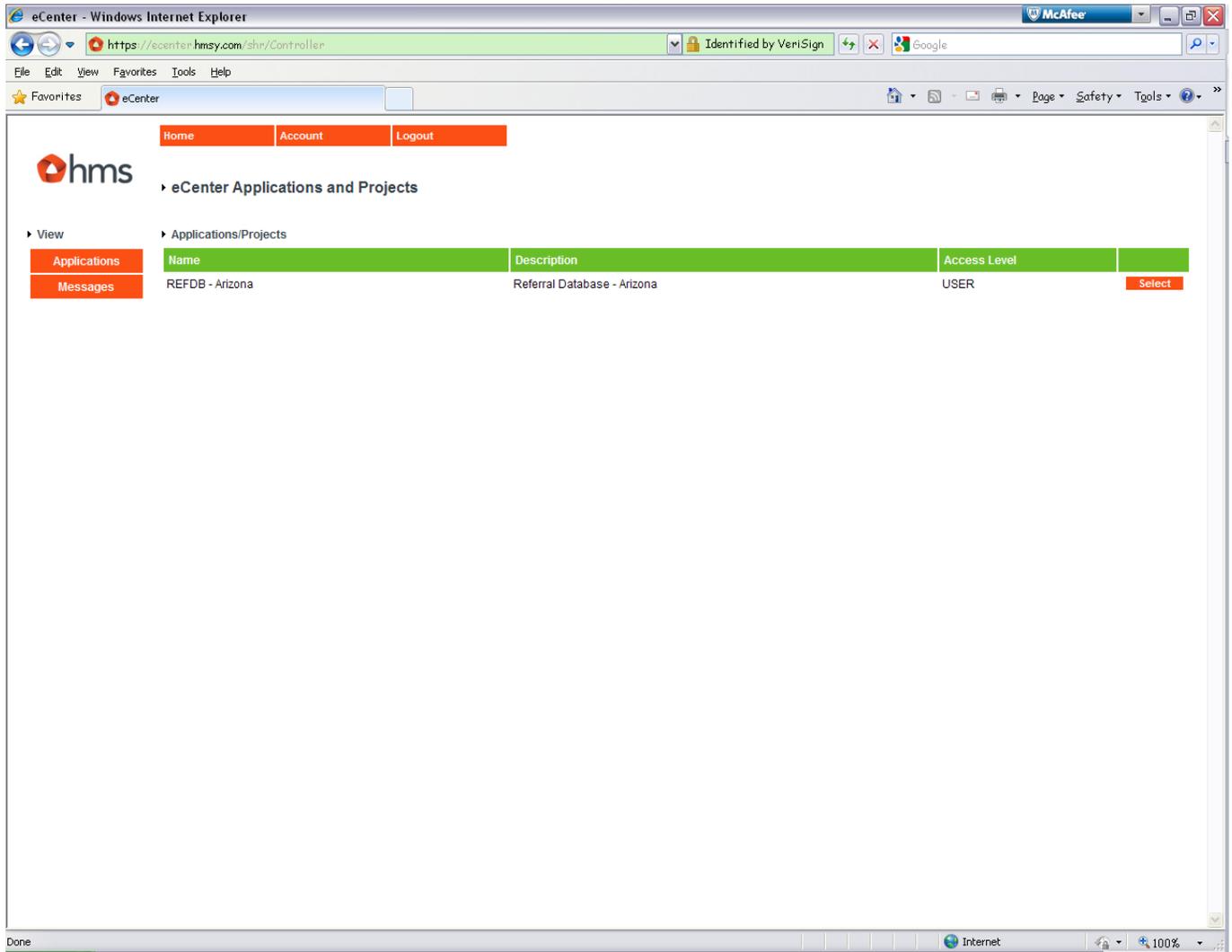
- Enter your credentials and select “Login”

Exhibit B



- Choose “REFDB” by selecting “Select” on the right hand side.

Exhibit C



- Choose REFDB-Arizona by selecting “Select” on the right hand side.
- A new web page will open.
- You will automatically be directed to the “Add New” screen.
- On this screen you will be able to add new TPL segments, update existing segments, and delete segments that have been submitted incorrectly.



If you are adding a new TPL (Exhibit D):

1. Search/Enter Recipient Info Section
 - a. Enter AHCCCS id number in “MA #” field and select “Retrieve”
 - i. The member’s demographic information will load
 - b. Select the relationship between the member and the policy holder:
 - i. Holder
 - ii. Spouse
 - iii. Child
 - iv. Other
2. Search/Enter Carrier Info Section
 - a. Add the Insurance carrier code in the “Carrier CD” section and select “Search”. (Can be found in MCO Manual)
 - i. The Carrier information will automatically load
 - b. If the insurance carrier code is not known, you may enter the carrier name in the “Carrier Name” section and select “Search”.
 - i. Partial carrier names may be entered by adding an asterisk (*) at the end of your search.
 - ii. A list of carriers will come up matching your search entry, please select the carrier you need.
3. Enter Policy Info Section
 - a. Policy #
 - b. Group #
 - c. Check insurance type
 - i. Dental
 - ii. Medical
 - iii. Pharmacy
 - iv. Medicare Supplemental
 - d. Start Date
 - e. End Date
4. Search/Enter Policy Holder Info Section
 - a. Policy Holder SSN
 - b. Policy Holder Last Name
 - c. Policy Holder First Name
 - d. Policy Holder MA#, DOB, Gender, Address1, Address2, City, State, and Zip is optional
5. Search Enter Employer Info Section
 - a. Employer Name
 - b. Address1, Address2, City, State, Zip, Contact First Name and Contact Last Name is optional
6. Search/Enter HMS Information Section
 - a. All fields are automatically populated, except for Add, select “ADD”
7. Under “Submit Type”, select one of the following:
 - a. Incomplete – Does not submit, saves data until ready to complete
 - b. Complete – All data fields are entered and ready to be processed
 - c. Copy and Incomplete – Does not submit, saves data until ready to complete and duplicates all data for when multiple members under the same policy need to be entered
 - d. Copy and Complete - All data fields are entered and ready to be processed and duplicates all data for when multiple members under the same policy need to be entered

- Before proceeding, review all information provided for accuracy.
- Once done, select “Submit”.

Exhibit D

Home Admin Close



REFDB - Arizona - ADD NEW Screen

Today is: [] You are: [] At: REFDB - Arizona (585) As: USR

Search/Edit
Add New

Search/Enter Recipient Info

[Same As Policy Holder](#) *Relationship to Policy Holder: OTHER

*MA #: [] [Retrieve](#) SSN: [] *DOB: [] (mm/dd/yyyy)

*Last NM: [] *First NM: [] Sequence Number: [] [Search](#)

Gender: [] Address1: [] Address2: []

City: [] State: Select your State Zip: []

Search/Enter Carrier Info

Carrier CD: [] Office CD: [] [Retrieve](#) Carrier NM (): []

HMS Carrier Code Format: N [Search](#)

Address1: [] Address2: [] City: []

State: Select your State Zip: [] Phone: []

Enter Policy Info

*Policy #: [] Group #: []

Dental Medical

Pharmacy Medicare Supplemental

Start DT: [] (mm/dd/yyyy) End DT: [] (mm/dd/yyyy)

Comments

[]

Search/Enter Policy Holder Info

SSN: [] [Retrieve](#) MA #: [] [ResourceData](#) Date of Birth: [] (mm/dd/yyyy)

*Last Name: [] *First Name: [] [Search](#)

Gender: NOT AVAILABLE Address1: [] Address2: []

City: [] State: Select your State Zip: []

[+] Search/Enter Employer Info

Search/Enter HMS Information

*Form ID: [] *Received Date: [] (mm/dd/yyyy) Add: Select Status

Reverification: N Case #: []

Submit Type Incomplete [Submit](#) [Clear](#) [Exit](#)

If you are updating an existing TPL (Exhibit F):

1. Search/Enter Recipient Info Section
 - a. Enter AHCCCS id number in “MA #” field and select “Retrieve”
 - i. The member’s demographic information will load
2. Select “Resource Data” in order to search existing segments
 - a. Exhibit E is an example of segments. Choose the segment that you want to update by selecting “Load”

Exhibit E

Select	Sequence Number	First Name	Last Name	MA #	Carrier Name	HMS Carrier Cd	AHCCCS Carrier Code	Start Date	End Date	Policy #	Insurance type
Load	9{						00005	10/01/2006	07/31/2010		P
Load	9E						00683	09/01/2011			P
Load	9E						00683	09/01/2011	01/01/2100		P
Load	9B						95759	10/01/2006	07/31/2010		M
Load	0C						95982	09/01/2011	01/01/2100		M

3. You will be redirected back to the previous screen (Exhibit F)
 - a. All of the information from the existing segment that you loaded will be populated, you can amend/update the following fields:
 - i. The relationship between the member and the policy holder
 - ii. Carrier information
 1. Update by entering a new “Carrier CD” and selecting “Search”
 2. The Carrier information will automatically load
 - iii. Policy Information
 1. Policy #
 2. Group #
 3. Insurance type
 4. Start Date
 5. End Date
 - iv. Policy Holder Information
 - v. Employer Information
4. Search/Enter HMS Information Section
 - b. All fields are automatically populated, except for Add, select “UPDATE”.
5. Under “Submit Type”, select one of the following:
 - a. Incomplete
 - b. Complete
 - c. Copy and Incomplete
 - d. Copy and Complete

- Before proceeding, review all information provided for accuracy.



- Once done, select "Submit".

Exhibit F

Home Admin Close

hms REFDB - Arizona - ADD NEW Screen

Today is: [] You are: [] At: REFDB - Arizona (585) As: USR

Search/Edit
Add New

Search/Enter Recipient Info

[Same As Policy Holder](#) *Relationship to Policy Holder: OTHER

*MA #: [] [Retrieve](#) SSN: [] *DOB: [] (mm/dd/yyyy)
[ResourceData](#)

*Last NM: [] *First NM: [] Sequence Number: [] [Search](#)

Gender: [] Address1: [] Address2: []
City: [] State: Select your State Zip: []

Search/Enter Carrier Info

Carrier CD: [] Office CD: [] [Retrieve](#) Carrier NM (): []
HMS Carrier Code Format: N

Address1: [] Address2: [] City: []
State: Select your State Zip: [] Phone: [] [Search](#)

Enter Policy Info

*Policy #: [] Group #: []
 Dental Medical
 Pharmacy Medicare Supplemental
Start DT: [] (mm/dd/yyyy) End DT: [] (mm/dd/yyyy)

Comments

[]

Search/Enter Policy Holder Info

SSN: [] [Retrieve](#) MA #: [] Date of Birth: [] (mm/dd/yyyy)
[ResourceData](#)

*Last Name: [] *First Name: [] [Search](#)

Gender: NOT AVAILABLE Address1: [] Address2: []
City: [] State: Select your State Zip: []

[+] **Search/Enter Employer Info**

Search/Enter HMS Information

*Form ID: [] *Received Date: [] (mm/dd/yyyy) Add: UPDATE
Reverification: N Case #: []

Submit Type: Incomplete [Submit](#) [Clear](#) [Exit](#)

If you are deleting an existing TPL (Exhibit H):

1. Search/Enter Recipient Info Section
 - a. Enter AHCCCS id number in “MA #” field and select “Retrieve”
 - i. The member’s demographic information will load
2. Select “Resource Data” in order to search existing segments
 - a. Exhibit G is an example of segments. Choose the segment that you want to update by selecting “Load”

Exhibit G

The screenshot shows the HMS interface for 'REFDB - Arizona - ADD NEW Screen'. It includes a navigation bar with 'Home', 'Admin', and 'Close' buttons. Below the header, there are fields for 'Today is:', 'You are:', 'At: REFDB - Arizona (585)', and 'As: USR'. A 'Search/Edit' button is visible on the left. The main content area is titled 'Search/Enter Receipt Info' and contains a form with 'Client Code' (585) and 'MA Number' fields. Below this is a section titled 'Medicaid Number Eligibility -- Search Results' which displays a table of search results.

Select	Sequence Number	First Name	Last Name	MA #	Carrier Name	HMS Carrier Cd	AHCCCS Carrier Code	Start Date	End Date	Policy #	Insurance type
Load	9{						00005	10/01/2006	07/31/2010		P
Load	9E						00683	09/01/2011			P
Load	9E						00683	09/01/2011	01/01/2100		P
Load	9B						95759	10/01/2006	07/31/2010		M
Load	0C						95982	09/01/2011	01/01/2100		M

3. You will be redirected back to the previous screen (Exhibit F)
 - a. For deleting, no changes will need to be made to the existing data.
4. Search/Enter HMS Information Section
 - a. All fields are automatically populated, except for Add, select “INVALID”.
 - b. A new drop down will come up with a list of reasons why the segment needs to be deleted, you must select one:
 - i. DUPLICATE RECORD IN PMMIS WITH DIFFERENT SEQUENCE NUMBER
 - ii. MEDICARE PRIME
 - iii. MEDICARE RX ONLY
 - iv. MEDICAID
 - v. POLICY NOT FOUND
 - vi. DEPENDANT NOT FOUND
 - vii. NEED CORRECT HOLDER INFO
 - viii. NEED CORRECT POLICY ID
 - ix. NEED CORRECT CARRIER INFO
 - x. NEED CORRECT DOB
 - xi. CARRIER WILL NOT VERIFY
 - xii. TERMED OVER 36 MOS
 - xiii. POLICY NEVER EFFECTIVE
 - xiv. MEDICAL THROUGH ANOTHER CARRIER
 - xv. NO OUT OF STATE BENEFITS
 - xvi. NO MEDICAL COVERAGE
 - xvii. NO MAJOR MEDICAL
 - xviii. SHORT TERM POLICY
 - xix. DENTAL/VISION ONLY

5. Under "Submit Type", select one of the following:
 - a. Incomplete
 - b. Complete
 - c. Copy and Incomplete
 - d. Copy and Complete
- Before proceeding, review all information provided for accuracy.
- Once done, select "Submit".

Exhibit H

Home
Admin
Close

REFDB - Arizona - ADD NEW Screen

Today is:
You are:
At: REFDB - Arizona (585)
As: USR

Search/Edit

Add New

1 record has been successfully added to the database.

Search/Enter Recipient Info

*Relationship to Policy Holder: OTHER

[Same As Policy Holder](#)

*MA #: <input type="text"/>	SSN: <input type="text"/>	*DOB: <input type="text"/>	(mm/dd/yyyy)
*Last NM: <input type="text"/>	*First NM: <input type="text"/>	Sequence Number: <input type="text"/>	
Gender: <input type="text"/>	Address1: <input type="text"/>	Address2: <input type="text"/>	
City: <input type="text"/>	State: <input type="text"/>	Zip: <input type="text"/>	

Search/Enter Carrier Info

Carrier CD: <input type="text"/>	Office CD: <input type="text"/>	Carrier NM (): <input type="text"/>	
HMS Carrier Code Format: <input type="text"/>			
Address1: <input type="text"/>	Address2: <input type="text"/>	City: <input type="text"/>	
State: <input type="text"/>	Zip: <input type="text"/>	Phone: <input type="text"/>	

Enter Policy Info

*Policy #: <input type="text"/>	Group #: <input type="text"/>	
<input type="checkbox"/> Dental	<input type="checkbox"/> Medical	
<input type="checkbox"/> Pharmacy	<input type="checkbox"/> Medicare Supplemental	
Start DT: <input type="text"/>	End DT: <input type="text"/>	

Comments

Search/Enter Policy Holder Info

SSN: <input type="text"/>	MA #: <input type="text"/>	Date of Birth: <input type="text"/>	(mm/dd/yyyy)
*Last Name: <input type="text"/>	*First Name: <input type="text"/>		
Gender: <input type="text"/>	Address1: <input type="text"/>	Address2: <input type="text"/>	
City: <input type="text"/>	State: <input type="text"/>	Zip: <input type="text"/>	

[+] Search/Enter Employer Info

Search/Enter HMS Information

*Form ID: <input type="text"/>	*Received Date: <input type="text"/>	Add: INVALID <input type="text"/>	Reason: <input type="text"/>
Reverification: <input type="text"/>	Case #: <input type="text"/>		

Submit Type



Review submissions (Exhibit I):

1. On the left side of the screen, select “Search/Edit”
2. This screen is used to search all of your previous submissions and to view the status of each submission
3. Search criteria:
 - a. By Recipient
 - i. Enter First Name, Last Name, AHCCCS ID, or SSN
 - b. By Form
 - i. Enter Form ID, Entry Date From and Entry Date To, Status, or User Name
 - c. By Policy Holder
 - i. Enter Policy Holder First Name, Policy Last Name, Policy Holder AHCCCS ID, Policy Holder SSN, or Policy Holder DOB
 - d. By Policy
 - i. Enter Carrier Code, Policy #, Group #, Start Date From and Start Date to, or End Date From and Start Date To
4. Select “OK” to search
5. The search results will show below search box

Exhibit I

The screenshot shows a web browser window with the URL <https://ecenter.hmsy.com/refdb/shr/Controller>. The page title is "REFDB - Arizona". There are navigation buttons for "Home", "Admin", and "Close". A "Search/Edit" button is highlighted in orange. Below the navigation is a search criteria form with the following sections:

- Recipient:** First NM, Last NM, MA #, SSN, DOB From, To.
- Form:** Form ID From, To, Entry Dt From, To, Verification Lead, Status, User Name.
- PolicyHolder:** First NM, Last NM, MA #, SSN, DOB From, To.
- Policy:** Carrier CD From, To, Policy #, Group #, Start Dt From, To, End Dt From, To.

At the bottom of the form, there are "Ok" and "Cancel" buttons. Below the form is a "Search Results" section with a table:

Form	Policy Holder	Carrier	Policy	Recipient	Action	
Form ID Date Received Form Status	Name SSN DOB	Carrier Code Office Code Name	Group# Policy#	Start Dt End Dt	Name SSN DOB MA# Relationship	Edit