Purpose: To ensure appropriate Follow-up for Outpatient and Inpatient Commercial HMO carriers with patients seen in the Emergency Room = FC 5, S, and Y with Patient type E (EMR).

Procedure:

A. Outpatient Emergency Services with HMO Coverage:

- Any disputed amount(s) with insurance carrier due to Usual and Customary (UCR) payment reduction, send appeal. Activity code: CIPA added to Invision. UCR balance will be written off at the same time appeal is sent. If and when insurance reconsider and process additional payment, 1511 adjustment will be reversed in order to resolve balance. Adjustment code used: 1511 – HMO ER PT / U&C. Copy of appeal kept on file.

- Exceptions to UCR adjustments is Anthem Blue Cross of California in-state members seen in the ED. Effective 7/1/16 these plans are paid at a contracted rate, less any patient liability. The contractual should be adjusted as 1909 INSURANCE CONTRACTUAL. Any underpayments should be appealed to the carrier.

- Exceptions to UCR adjustment is Health Net HMO and EPO members seen in the ED. Effective 7/1/16 these plans are paid at a contracted rate, less any patient liability. The contractual should be adjusted as 1909 INSURANCE CONTRACTUAL. Any underpayments should be appealed to the carrier.

- Co-pay, Co-insurance and deductible are billed to the patient.

B. Outpatient Emergency Services with PPO Coverage:

- Any disputed amount(s) with PPO insurance carrier due to Usual and Customary (UCR) payment reduction, send Appeal Letter. Activity code: CIPA added to Invision. Patient will be responsible for any unpaid balance. Move money to patient bucket.

- Blue Shield of CA in-state coverage underpaying due to UCR: send appeal letter and determine whether coverage is Life and Health, if not L&H, adjust UCR as 1511 – HMO ER PT/U&C. If L&H, move balance to pt bucket.
C. Inpatient Emergency Services with HMO Coverage:

- Any disputed amount(s) with insurance carrier due to Usual and Customary (UCR) payment reduction, send Appeal. **Activity code: CIPA** added to Invision. UCR balance will be written off at the same time appeal is sent. If and when insurance reconsider and process additional payment, 1511 adjustment will be reversed in order to resolve balance. **Adjustment code used: 1511 – HMO ER PT / U& C.** Copy of appeal kept on file.

- Exceptions to UCR adjustments is Anthem Blue Cross of California in-state members seen in the ED, ED Admits, and Labor and Delivery. Effective 7/1/16 these plans are paid at a contracted rate, less any patient liability. The contractual should be adjusted as **1909 INSURANCE CONTRACTUAL.** Any underpayments should be appealed to the carrier.

- Exceptions to UCR adjustment is Health Net HMO and EPO members seen in the ED and admitted. Effective 7/1/16 these plans are paid at a contracted rate, less any patient liability. The contractual should be adjusted as **1909 INSURANCE CONTRACTUAL.** Any underpayments should be appealed to the carrier.

- Co-pay, Co-insurance and deductible are billed to the patient.

D. Inpatient Emergency Services with PPO Coverage:

- Any disputed amount(s) with PPO insurance carrier due to Usual and Customary (UCR) payment reduction, send Appeal Letter. **Activity code: CIPA** added to Invision. Patient will be responsible for any unpaid balance. Move money to patient bucket.

- Blue Shield of CA in-state coverage underpaying due to UCR: send appeal letter and determine whether coverage is **Life and Health,** if not L&H, adjust UCR as **1511 – HMO ER PT/U&C.** If L&H, move balance to pt bucket.

**Exception to Balance Billing Provision as of 09/25/09 per instructions of our City Attorney’s office:**

- If the HMO or Blue Cross / Blue Shield carrier denies the visit as “Non-Emergency”. Patient is billed the full amount.

- If the HMO or Blue Cross / Blue Shield is an Out-Of-State carrier, and reduces payment due to Usual and Customary (UCR), any balance remaining is patient liability. Out-Of-State HMO carriers are not included in the Balance Billing regulation.

- If the Blue Shield product is considered “Life and Health”, then the Balance Billing Act will not apply and the patient can be balance billed. The Department of Managed Care State of California does not regulate this product line.