REPORT THIRD PARTY LIABILITY

PROCEDURE MANUAL

April 29, 2013
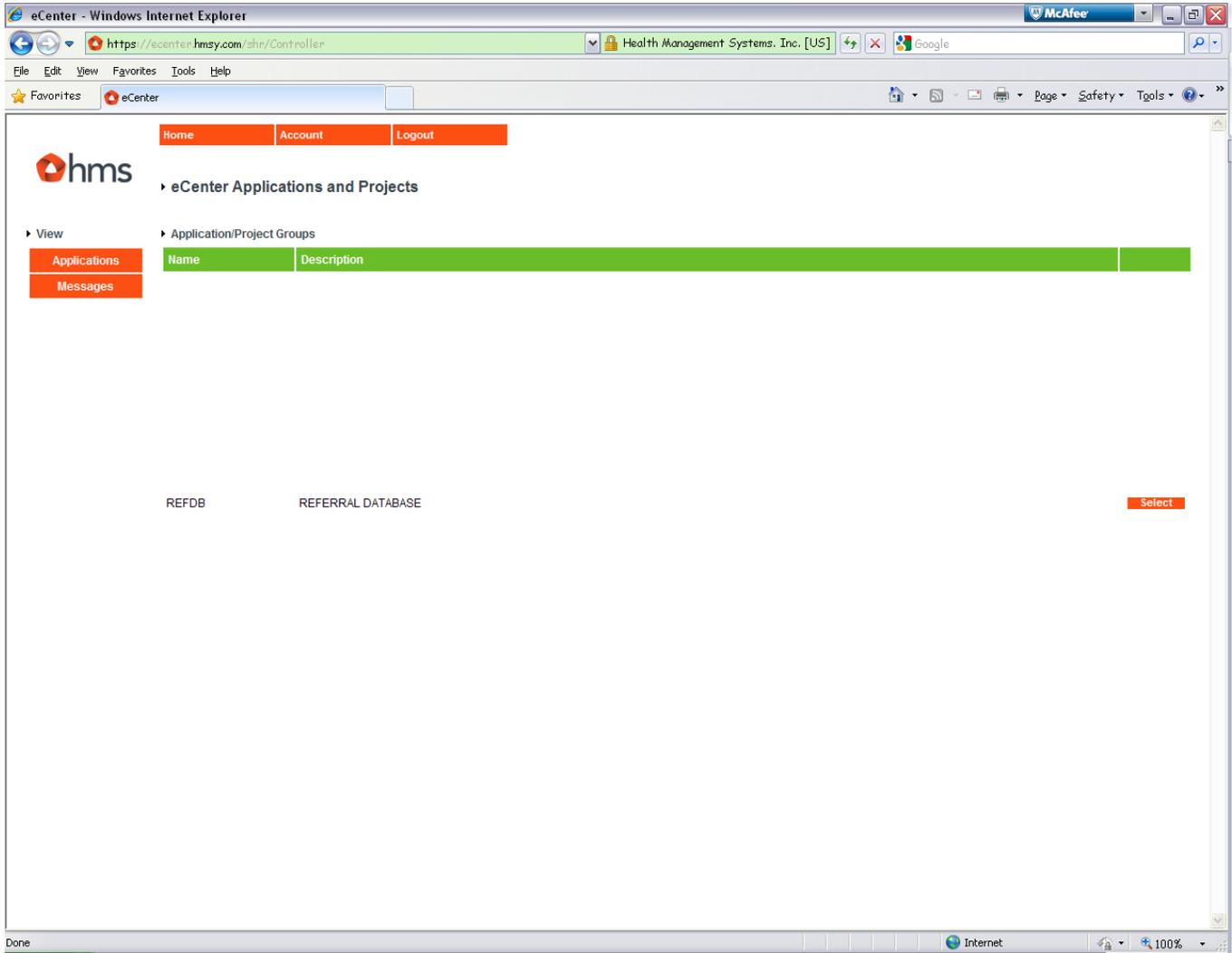
⬢hms

- Go to the internet address and enter: https://ecenter.hmsy.com
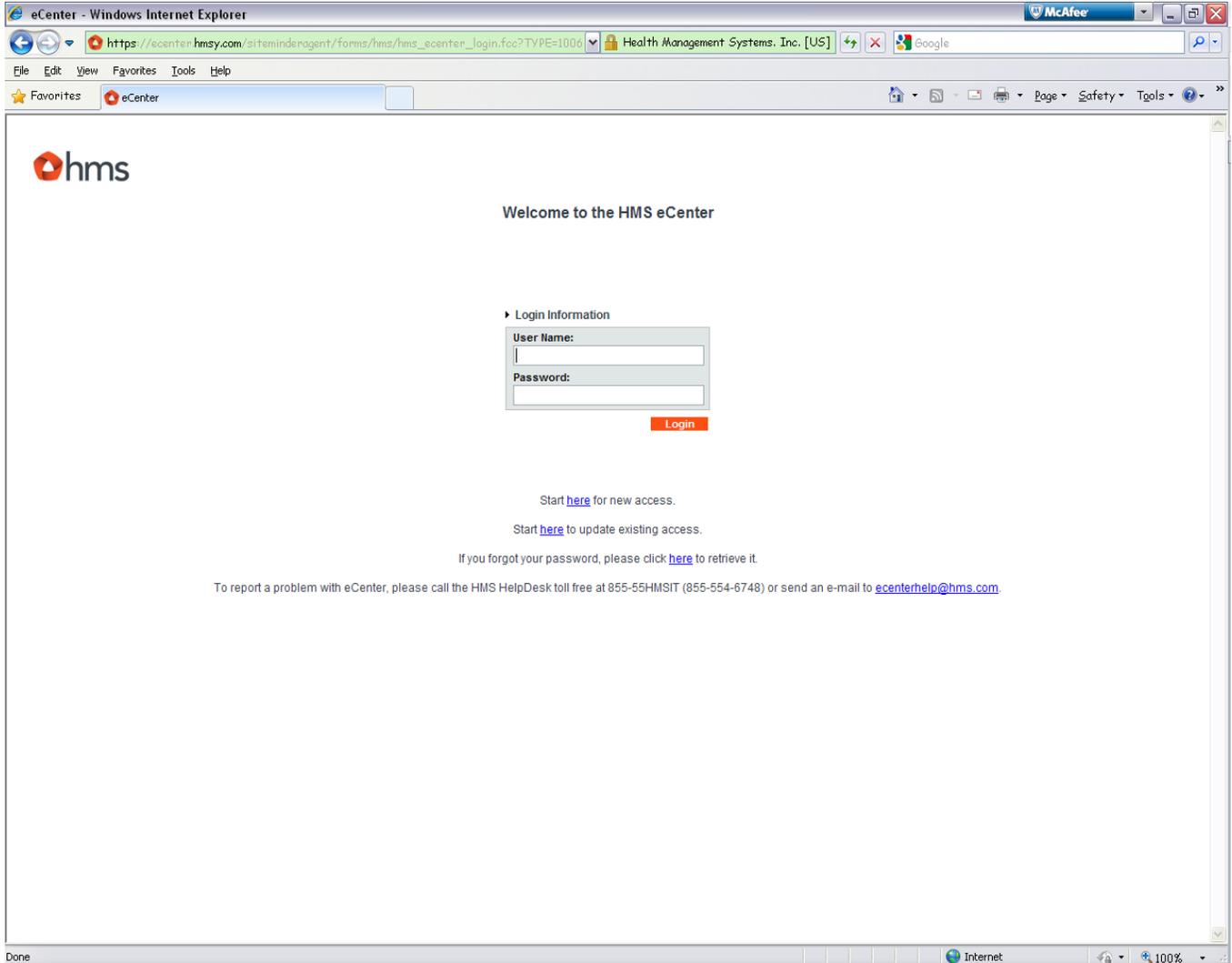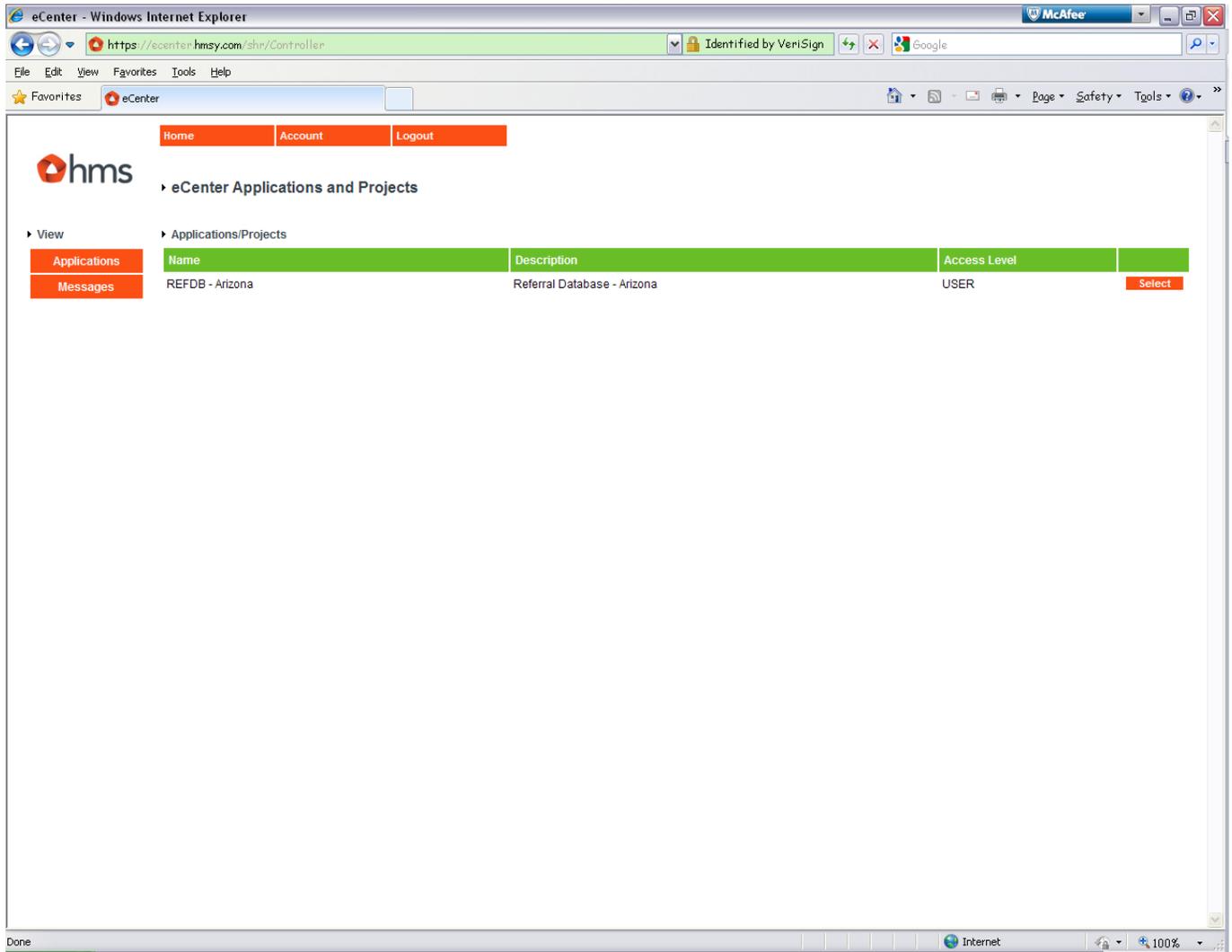
Exhibit A

- 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

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

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

REFDB - Arizona - ADD NEW Screen

Home	Admin	Close

| 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 ResourceData   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: 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

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

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