Health Insurance Group HIG

NEW! Internet Based Web Form
To Report Third Party Insurance

January 20, 2015

Why is HIG moving to an internet based TPL reporting tool?

- Paper forms are labor intensive for everyone.
- In the past, forms were handwritten or typed and then attached to an email or faxed.
  - Note: For HIPAA security reasons, faxing will end March 31, 2015.
- Not enough key information sent for HIG to verify the insurance.
- Need a more effective process to track and process referrals.

Value of the Web Form

- Easy to access, easy to complete.
- Uses drop down menus and radio buttons to answer many of the questions.
- Some fields are mandatory so HIG receives information they must have to verify the TPL.
- Submitter gets summary page of what they submitted and an email confirmation number for tracking.
- HIG can easily locate the referral.
- Will help HIG process more quickly.

Where to find the web form

OREGON.GOV

TEXT SIZE: A+ A- A • TEXT ONLY TRANSLATE Google™ Custom Search Find

Oregon Health Plan

Oregon Health Authority

OHP Clients
- Access to Care
- Apply for OHP
- OHP Benefits
- Renew your OHP
- Coordinated Care

OHP Providers
- Electronic Data Interchange
- Prioritized List
- Tools for Health Plans
- Tools for Providers

Oregon Health Plan
- About Us
- Contact Us
- Data and Reports
- Forms
- Oregon Health Plan in 2014
- Policymakers/Stakeholders
- Public Notices/Meetings

OHP Policies

Tools for Staff

Oregon Health Authority

Report Private (Third Party) Health Insurance to DHS/OHA

Oregon medical assistance clients, providers and DHS/OHA staff can now report private health insurance changes online.

- Please read this page before using our online form.
- You will need a current internet browser (such as Chrome, Mozilla Firefox, or Internet Explorer 8 or higher).

Who needs to report?

The following need to report any health coverage, or health coverage changes, that have not already been reported to DHS/OHA:

- Anyone who gets Oregon medical assistance (see 42 CFR 433.138). This includes Oregon Health Plan (Medicaid/CHIP) and non-OHP programs such as Citizen-Alien Waived Emergency Medical (CAWEM) and the Breast and Cervical Cancer Treatment Program (BCCTP); and
- Providers and coordinated care organizations who serve Oregon medical assistance clients.

What kind of health insurance needs to be reported?

For anyone covered by Oregon medical assistance, you need to report insurance that:

- Is through a job *(employer-sponsored health insurance)*
- Was purchased from an insurance company *(commercial health insurance)*, including Medicare Supplements
- Is student insurance
- Is provided by someone who does not live in the same household as the medical assistance client

Please **do not** report:

- Medicare A, B, C, D or Medicare Advantage (Replacement) policy information
- Car insurance
- Homeowner's insurance

What will DHS/OHA do with this information?

If you have current coverage, DHS/OHA will only use this information to make sure that your insurance company pays for services you get from your health care providers.

Enter Health Insurance Now ← Click the blue box to launch the web form

We have an easy to remember URL – www.reporttpl.org

You can also go to: http://www.oregon.gov/OHA/healthplan/pages/tpl.aspx

You are in the web form!
Click "Start" to enter the TPL

OREGON.GOV Office of Payment Accuracy and Recovery

Insurance Reporting Application

Notification of Other Health Insurance

You will need a current internet browser (such as Chrome, Mozilla Firefox, or Internet Explorer 8 or higher).

This electronic form is intended to be used to report employer-sponsored or commercial health insurance information.

Documents that may be helpful to complete this form

- Insurance cards for all policies reported
- Digital copy of last two pay stubs or last billing statement if applying for Premium Reimbursement (HIPP) program
- Oregon Medical Care Identification – card issued to individuals receiving Oregon Medical Program health benefits

Start

Enter the TPL

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Insurance Reporting Application

▶ Contact Info · Insurance Status · Policy Information · Premium Assistance · Review · Confirmation

Step 1: Enter Your Contact Information

Contact Information

I am a:

Coordinated Care Organization (CCO)

First Name | Last Name

Business Name

Phone Number | Email Address

555-555-5555

Continue | Previous

Questions about:
Medical Programs or Applications - Call 1-800-699-9075
Coordinated Care Organizations - contact the CCO list on your medical ID card
Completing this form, Premium Reimbursement (HIPP) or reporting third party insurance - Call 1-855-999-6273

Office of Payment Accuracy and Recovery PO Box 14023, Salem OR 97309

Drop down menu asks if you are a Medicaid applicant, CCO, Provider, DHS/OHA worker, Assistor or Other.

Business name only appears when CCO or Provider are selected.

Note: as you go through the form, fields that are mandatory will highlight in red if left blank. You will need to complete them before you can go to the next step.

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Insurance Reporting Application

Contact Info • ▶ Insurance Status • Policy Information • Premium Assistance • Review • Confirmation

Step 2: Tell Us About the Insurance Policy

What is the source of the insurance?

- Insurance is from an employer
- Insurance is paid for privately
- Insurance is provided by an absent parent
- Other

What is the status of the insurance policy?

- Active
- Terminated

Policy Expiration Date

/ /

Jan 2015

Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

What is meant by "absent parent"?

Absent parents are those that are not in the household but still provide insurance.

Questions about:

Medical Programs or Applications - Call 1-800-699-9075

Coordinated Care Organizations - contact the CCO list or your medical ID card

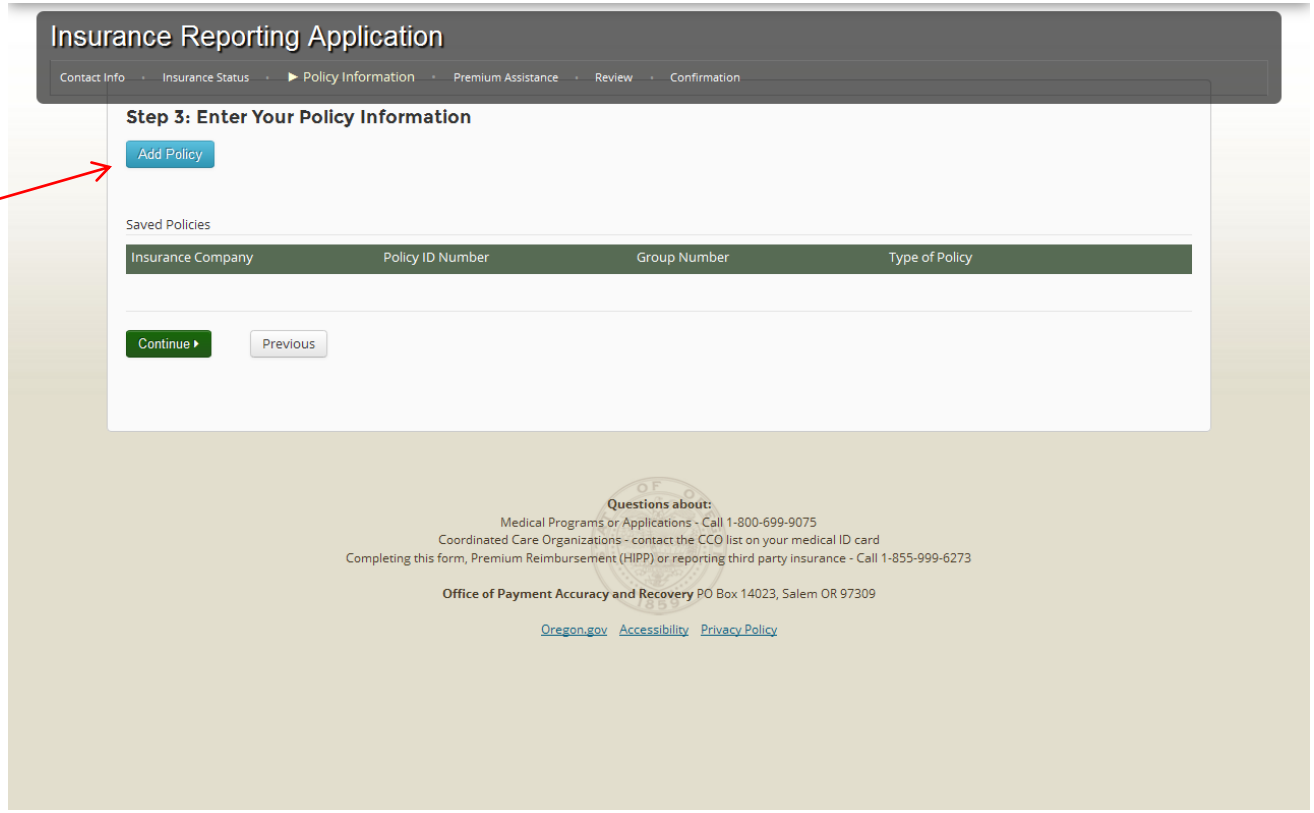
Completing this form, Premium Reimbursement (HIPP) or reporting third party insurance - Call 1-855-999-6273

NOTE: HIG will verify the date the TPL became effective from the insurance company so you will not be asked for an "Active" date. If terminated, a calendar will appear or you can just type in the termination date manually.

TIP: If the client is/was on two policies, enter an "Active" policy before adding a "Terminated" policy.

The Insurance Policy Dashboard collects all of the policies a client is covered by.

Click to add each policy.



Enter the insurance information

Drop down menu shows the top 10 carriers in Oregon.

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Insurance Reporting Application

Step 3: Enter Information for Policy #1

Policy Information

Insurance Company Name:

Choose one

- Choose one
- Aetna
- Blue Cross Blue Shield of Oregon
- Cigna
- Health Net
- Kaiser Permenente
- Lifewise
- MODA/ODS
- Pacific Source
- Providence
- UHC - United Health Care
- Other

City | OR | 55555-5555

Policy ID Number

Please enter the full policy number (include letters and numbers). If Kaiser Permanenente, enter the Health Record number.

Group Number

Please enter all letters and numbers shown on the card.

Check all policy types that apply

Note: If the insurance is not on the drop down list, choose “other” and a box will appear to enter the name of the insurance.

Enter the insurance information - continuation

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Insurance Reporting Application

Check all policy types that apply

- [ ] Medical
- [ ] Dental
- [ ] Pharmacy
- [ ] Medicare supplement
- [ ] Other
- [ ] Vision
- [ ] Cobra
- [ ] Accident Only
- [ ] Student Policy

Policyholder and Dependants

Policyholder's First Name

Policyholder's Last Name

*The policholder is the **owner** of the insurance.*

Social Security Number

XXX-XX-XXXX

- [ ] Show Characters

Why do we need this?

Date of Birth

mm/dd/yyyy

- [ ] Show Characters

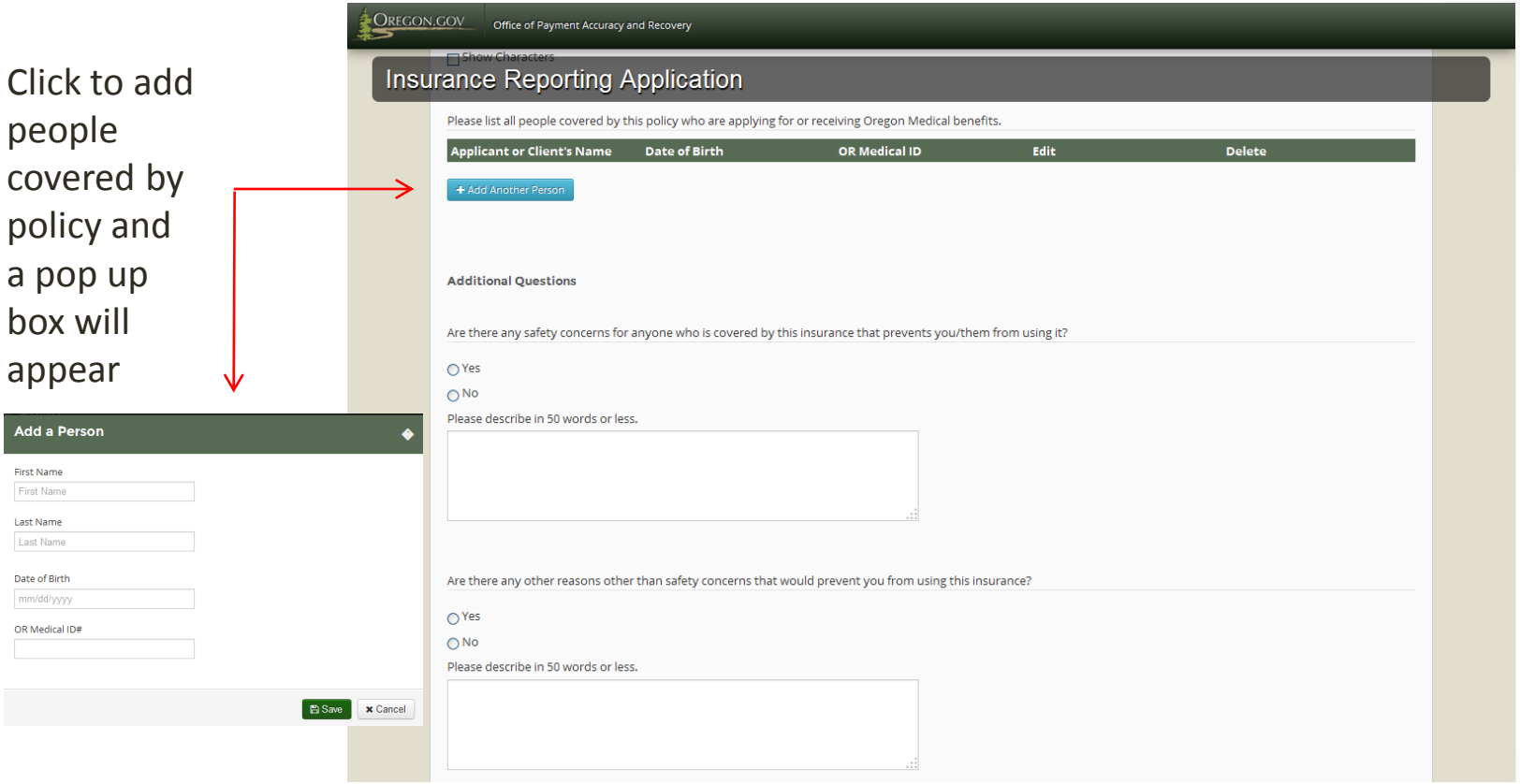
Please list all people covered by this policy who are applying for or receiving Oregon Medical benefits.

Applicant or Client's Name	Date of Birth	OR Medical ID	Edit	Delete

TIP: SSN's and date of birth do not show for security reasons. If you want to see them, click in the "Show Characters" box.

Enter the insurance information - continuation

Click to add people covered by policy and a pop up box will appear



TIP: If there is more than one person on this policy, click “Add person” button to add each additional person.

Note: If you are not sure about safety issues or other concerns to pursue TPL, mark no. An option for “Unknown” will be added soon.

Enter the Insurance information - Continuation

Please describe in 50 words or less.

Insurance Reporting Application

Insurance Card ***(optional)***

Please provide a digital copy of the front and back of your insurance card for each policy reported. If you are unable to provide at this time, select Continue. Accepted file formats include: .jpg, .pdf. Maximum upload size for each file is 5MB.

File List

File

Upload

Browse... No file selected.

Upload

Save and Continue

Cancel

Questions about:

Medical Programs or Applications - Call 1-800-699-9075

Coordinated Care Organizations - contact the CCO list on your medical ID card

Completing this form, Premium Reimbursement (HIPP) or reporting third party insurance - Call 1-855-999-6273

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TIP: If you have copies of the insurance cards, you can attach them.

You are returned to the Dashboard after entering each policy

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Insurance Reporting Application

Contact Info • Insurance Status • ▶ Policy Information • Premium Assistance • Review • Confirmation

Step 3: Enter Your Policy Information

Add Policy

Saved Policies

Insurance Company	Policy ID Number	Group Number	Type of Policy	
Pacific Source	ABC123		Medical,	

Continue ▸ Previous

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CCO Handout.doc [Compatibility Mode] - Microsoft Word

Note: The policy you entered shows. You can make any corrections by clicking the pencil to the right of the policy button. If you have another policy to enter for the same person click the add policy button again. **Do not add additional policies for unrelated cases/people.**

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Insurance Reporting Application

Contact Info • Insurance Status • Policy Information • ▶ Premium Assistance • Review • Confirmation

Step 4: Premium Payment Assistance

In some cases, the state's Health Insurance Premium Payment (HIPP) program may reimburse people who pay for employer-sponsored or private major medical health insurance if it is cost effective for the state.

Does the policyholder pay for all or part of your private or employer-sponsored health insurance premium?

- ○ Yes
- ○ No

Continue ▸ Previous

Questions about:
Medical Programs or Applications - Call 1-800-699-9075
Coordinated Care Organizations - contact the CCO list on your medical ID card
Completing this form, Premium Reimbursement (HIPP) or reporting third party insurance - Call 1-855-999-6273

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TIP: The form was designed for clients, providers, CCO's and workers. It's ok if you don't know the answer to the HIPP question. Select "No" if you aren't sure. An option for "unknown" will be added soon. If you select "Yes", a new set of questions will open about the premiums they pay.

Note: HIG only reimburses HIPP for physical health major medical policies. Please don't request HIPP for dental or policy types that are not major medical.

Review the information you submitted to be sure it's accurate. You can make changes by clicking the pencil in the blue box.

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Insurance Reporting Application

Contact Info • Insurance Status • Policy Information • Premium Assistance • ▶ Review • Confirmation

Step 5: Review

Policy # 1

Insurance Information	Other Phone: (555) 555-5555
Policy Information	Policy ID Number: TEST 123 Group Number: Policy Type(s): Medical,
Policy Holder Information	Name: Policy Owner Social Security Number: *****5555 Date of Birth: **/**/****
Other People Covered	Name: First Born Child, Date of Birth: **/**/****, OR MedicalID#
Are there any safety concerns for anyone who is covered by this insurance that prevents you/them from using it?	No,
Are there any other reasons other than safety concerns that would prevent you from using this insurance?	No,
Insurance Card Attachments	

Premium Payment Assistance

Does the policyholder pay for all or part of your private or employer-sponsored health insurance premium?	No

☑ By selecting "Submit" you are authorizing OHA and DHS to verify, with the insurance carrier, the information included in this submission and if you are the policyholder you are authorizing the insurance carrier to release policy benefit information to OHA and DHS.

Submit ▸ Previous

If everything is correct, check the "By Submitting" box and then click "Submit". You will receive an email with a confirmation number that can be used to track your submission.

Congratulations! You just submitted an electronic referral

OREGON.GOV Office of Payment Accuracy and Recovery

Insurance Reporting Application

Contact Info • Insurance Status • Policy Information • Premium Assistance • Review • ▶ Confirmation

Step 6: Confirmation

Thank you, your **Notification of Other Health Insurance** has been successfully submitted.

- Your confirmation number is: **OPAR410**
- An email receipt has been sent to the email address provided.
- You can also print this receipt for your records.

Print This Page

Done

Questions about:
Medical Programs or Applications - Call 1-800-699-9075
Coordinated Care Organizations - contact the CCO list on your medical ID card
Completing this form, Premium Reimbursement (HIPP) or reporting third party insurance - Call 1-855-999-6273

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Click "Print This Page" if you'd like a copy of what you submitted.
When you click "Done" you will be returned to Oregon.gov

Summary Page

Insurance Reporting Application - Mozilla Firefox

https://apps.oregon.gov/DHS/OPAR/Confirmation

Review

Policy # 1

Insurance Information	Other 123 Main Street Salem Phone: (555) 555-5555
Policy Information	Policy ID Number: ABC123 Group Number: Policy Type(s): Medical,Pharmacy,
Policy Holder Information	Name: Mr. Policy Holder Social Security Number: *****5555 Date of Birth: **/**/****
Other People Covered	Name: First born Child, Date of Birth: **/**/****, OR MedicalID#
Are there any safety concerns for anyone who is covered by this insurance that prevents you/them from using it?	No,
Are there any other reasons other than safety concerns that would prevent you from using this insurance?	No,
Insurance Card Attachments	

Premium Payment Assistance

Does the policyholder pay for all or part of your private or employer-sponsored health insurance premium?	No

Confirmation

Thank you, your **Notification of Other Health Insurance** has been successfully submitted.

- Your confirmation number is: **OPAR441**
- An email receipt has been sent to the email address provided.
- You can also print this receipt for your records.

Print

Printer

Name: Adobe PDF — Properties...

Status: Ready

Type: Adobe PDF Converter

Where: My Documents*.pdf

Comment:

Print to file

Print range: All / Pages from: 1 to: 1 / Selection

Copies: Number of copies: 1 — Collate

OK — Cancel

The summary page shows your confirmation number and the other information you have entered.

TIP: You can print the summary page or save it for your records. To save select the PDF option in the Print screen.

Best Practices

- Federal regulations require that the state collect TPL information at initial application and at recertification. DHS/OHA staff who become aware of TPL are asked to use the web form instead of paper forms or spreadsheets. (42 CFR § 433.138)

- The confirmation email and summaries can be saved to the client record for tracking and program integrity purposes.

- Narrate in TRACS or OR ACCESS if you instruct the client to complete the form online.

- Watch for potential safety concerns due to domestic violence. If needed ask HIG to add “Good Cause” to the TPL record.

- Be aware of clients who are employed and have TPL. They may be eligible for premium reimbursement through the HIPP (Health Insurance Premium Payment) program. You can instruct clients to go to the web form to apply for HIPP.

Who to call

***To check on the status of TPL – contact HIG**

Email: OHA/DHS staff: REFERRALS,TPR (In Outlook)
All others: tpr.referrals@state.or.us
Phone: 503 378-6233 or 1-855-999-6273

*** Questions about the web form (functionality or issues)**
Contact Carolyn Thiebes, Office of Payment Accuracy and Recovery
Email: carolyn.thiebes@state.or.us
Phone: 503 378-3507