

Wyoming's Third-Party Liability Disallowance Supports Proper Billing of Medicaid Claims

The following bulletin is provided by the Wyoming Department of Health (WDH), the Division of Healthcare Financing (DHCF) in partnership with its Fiscal Agent, Acentra Health, and their TPL subcontractor, Health Management Systems, Inc. (HMS), a Gainwell Technologies Company. HMS, as agent on behalf of Wyoming Medicaid, manages Disallowance for the fee-for-service (FFS) benefit program.

What is Disallowance?

Disallowance is a post-payment audit process designed in compliance with the Center for Medicare and Medicaid Services (CMS) to ensure Medicaid is the payer of last resort. It is a retrospective process that occurs after Medicaid pays a claim, where Medicare or commercial insurance should have been liable first.

How is Disallowance Determined?

HMS takes claims paid by Medicaid and reviews them against Medicaid eligibility, Medicare eligibility and commercial insurance carrier eligibility to identify positive matches. This matching process results in a subset of claims where there is reasonable expectation that Medicaid should not have been the primary payer. A listing of claims specific to each provider is then compiled into a Disallowance packet that is mailed to each provider, signaling the start of the recoupment process. **Providers should not send in a check or attempt to void their claims where they agree that an overpayment has been made. Their claims will automatically be recouped.**

What Can Providers Expect?

Disallowance operates in 60-day cycles. Within the Disallowance packet, providers receive a detailed explanation of their required participation in the audit, along with the claim listing and third party insurance (Medicare or commercial) information. It is important to read the packet in full, but the goal is for providers to bill the applicable third party insurance carrier for the specified claim(s). Wyoming Medicaid does not want its providers to run a deficit because of this process, which is why 60 days are given for the provider to obtain payment before the recoupment is processed.

What if 60 Days Isn't Enough Time?

Providers can request a 30-day extension as long as the request is made prior to the end of the Disallowance cycle. There are no requirements to obtain the extension – just ask HMS and the extension will be granted. **NOTE: If the requested information is not received OR a request for extension is not received within the 60-day period, claims will be automatically recouped.**

What if Claims are Denied?

In instances where services are not covered by the third party insurance carrier, a denial EOB should be obtained. The provider need only submit the denial EOB to HMS, who will then process the denial and remove the associated claim(s) from recoupment.

Is There a Way to Make Disallowance Audits Easier?

The answer: YES! The Provider Portal is designed to streamline the Disallowance process.

Through this secure, web-based application, providers have 24-hour access to review their claim listings, communicate directly with the HMS Disallowance team, submit documentation and update their communication preferences (address, email, point-of-contact, etc.). The Provider Portal is a one-stop, self-service tool that brings transparency to providers through the ability to monitor the status of their claims within the cycle, and track the timeline of events specific to their involvement. For example, submission of a denial EOB, review of the EOB and changing of the disposition of the associated claim(s) are visible activity milestones that quickly and efficiently confirm the provider's actions are complete.

Setting up a Provider Portal account can be done in one of three ways:

- Self-register by navigating to <https://hmsportal.hms.com/registration>
- Call 1-855-554-6748
- Email: hmsppuserverification@hms.com

Inside the Provider Portal are a user guide and an on-demand demonstration of the Provider Portal and its features. Providers can contact the HMS Disallowance team through the portal with any questions or support needs.

In Closing

Wyoming Department of Health in partnership with Acentra Health and HMS, seek to support the provider community through the Disallowance audit process with as much transparency and efficiency as possible. We collectively recognize the administrative overhead involved in any audit process, and strongly encourage providers to register for the Provider Portal for a streamlined experience. The HMS Disallowance team is ready and available to assist with any questions or support needs that arise, and can be reached at 888-996-6223 (888-WYO-MCAD).