Title:	Provider Claim Redetermination				
Department/Line of Business:	Claims - All Lines of Business				
Approver(s):	VP Operations HP				
Location/Region/Division:	BSWHP				
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ENTITY/LINE OF BUSINESS

This document applies to the following entities and line(s) of business:
All Lines of Business

DEFINITIONS

When used in this document with initial capital letter(s), the following word(s)/phrase(s) have the meaning(s) set forth below unless a different meaning is required by context. Additional defined terms may be found in the BSWH P&P Definitions document.

Redetermination – The review of a previously adjudicated/processed claim at the request of a provider to assess if the original determination/decision was correct or adjusted based on additional information not previously available during the original determination.

Medicaid Electronic Visit Verification (EVV) Visit Maintenance Unlock Form – The ability for a provider of service the opportunity to correct data element(s) on an EVV visit transaction(s) after the visit maintenance time frame has expired.

POLICY

BSWHP Claims Adjustment team performs a review of processed claims when a provider payment inquiry is received.

PROCEDURE

Provider Payment Inquiries

Provider payment inquiries are submitted two ways:
1. Electronically – provider goes to the BSWHP web portal and enters the inquiry online. The provider can also attach any supporting documentation for services performed.
2. Paper – providers have the option of mailing in their inquiry. Providers are required to submit an inquiry (redetermination or Medicaid EVV form located on BSWHP website) with supporting documentation.

Criteria/Limitations* for Redetermination/Medicaid EVV Unlock Requests

1. Providers or inquiring parties will have one (1) opportunity to submit a redetermination or Medicaid EVV request on a claim. Multiple requests submitted on a single claim will not be processed and will be returned as previously reviewed.
2. Provider completes a Provider Claims Redetermination Request Form (online or paper) or Medicaid EVV form to provide necessary information to appropriately identify the claim in question (i.e., member name, member

number, date of service, total billed amount, and claim number.) Failure to do so will result the request being returned to the requestor for completion.
3. Provider will attach ANY pertinent supporting documentation (i.e. retro authorization, proof of timely filing, surgical notes, office visit notes, pathology reports, and/or medical records.)
4. Requests for Redeterminations are submitted within ninety (90) days from the original determination date for Commercial claims, one hundred twenty (120) days for Medicare Advantage claims, and one (1) year for Out-of-State claims.

Review Process

- Processing time for redeterminations or Medicaid EVV unlock forms is thirty (30) days from date of receipt.
- Payment within 15 days of decision (forty (45) days from date of receipt of request).
- Requests are processed first in first out based on received date.
- Upon review of the additional information, a decision is made to "Uphold" or "Overturn" the original decision.
  - Upheld decisions – If the original processing and the additional information/documentation does not support a change in the original decision, then the original decision is "Upheld" and the claim is not adjusted. The provider is sent a resolution letter stating that the original decision is "Upheld" and the claim will not be adjusted based on the information provided.
  - Overturn decisions – the claim is adjusted accordingly and the provider is advised by the Explanation of Payment ("EOP") and the adjusted payment. Overturned decisions are communicated in the regular EOP and Payment process. If the redetermination is based on an Medicaid EVV unlock request that impacts the EVV vendor, the form is submitted to the EVV vendor as noted within the EVV policy to have the claims resubmitted with the appropriate reason code(s) impacting the payment decision.

Policy & Procedures are subject to specifics of provider contract and regulatory agency guidelines for specific member's coverage.

ATTACHMENTS

None.

RELATED DOCUMENTS

Provider Claim Redetermination Request Form – Final 11-15-16
EVV Visit Maintenance Unlock Request Workflow

REFERENCES

HHSC UMCM 8.7.1, section XVIII

REVISION HISTORY

Version #	Effective Date	Description of Change	Revised By	Retired Date
2	07/05/2022	Moved to BSWHP Template/changed naming from SWHP to BSWHP	Elizabeth Fabianke	
3	11/29/2022	Update wording related to EVV processing and the unlock form	Leo Gutierrez	

Prepared by Elizabeth Fabianke	Date Prepared 07/05/2022
Reviewed by Leo Gutierrez	Date Reviewed 07/05/2022
Approved by	Date Approved

of conduct or for the benefit of any third party. This document is intended to provide guidance and, generally, allows for professional discretion and/or deviation when the individual health care provider or, if applicable, the “Approver” deems appropriate under the circumstances.