



A Provider's Guide to Dealing with DELAYED CLAIMS

PROTECTING OKLAHOMA
INSURANCE COMMISSIONER
JOHN D. DOAK

Insurance Commissioner
John D. Doak

HOW TO AVOID FILING ERRORS

- Know your contractual obligations, including where to file claims, claim filing deadlines, and your fee schedule.
- File claims to the correct address; file claims with carriers in a timely manner.
- File claims using a method that documents when the claim was received by the carrier.
- Keep records of your phone conversations and all written correspondence with each carrier regarding status of a claim.
- Update your accounts receivable as soon as claim payments are received.

ASSISTANCE FOR PROVIDERS

- Be sure to include the following when filing a complaint with the Oklahoma Insurance Department regarding a delay in claim payment:
 1. A copy of the patient's health insurance ID card
 2. A copy of the claim form submitted to the company for each patient and date of service
- Evidence of claim submission in the form of:
 1. Electronic filing
 2. Certified mail receipt, or
 3. Courier delivery confirmation

- Evidence of your collection activities for each claim prior to contacting the Oklahoma Insurance Department.
That evidence should be in the form of:
 1. Documentation of phone conversations made to the health carrier
 2. Copies of correspondence mailed to the health carrier
 3. Replies you have received from the health carrier
- Accurate claim submission can prevent most claim problems. Make sure your claim forms are filled out completely and accurately and that you use the insurance company's correct mailing address. If possible, submit your claim forms electronically.
- Electronic clearinghouses reject claims submitted with incomplete, invalid, or incorrect member identification numbers. If an insurance company returns a claim because of mistakes, correct them immediately and resubmit the claim to meet the filing deadline specified in your contract.

OKLAHOMA INSURANCE DEPARTMENT

1.800.522.0071 | www.oid.ok.gov
Twitter: twitter.com/oid411

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REGULATORY AUTHORITY continued

The Oklahoma Insurance Department receives hundreds of complaints each month. A complaint is justified if there is a violation of state law, rules, or policy provisions. Individual employers and certain employee organizations may self-fund their employee health benefit plans under the authority of ERISA. State law, including Title 36 section 1219, the Clean Claims Law, does not apply to self-funded plans. The U.S. Department of Labor oversees the self-funded plans.

If an Oklahoma-licensed TPA processes claims for a self-funded plan, our office will contact the TPA on your behalf, although our authority is limited. We suggest that you encourage your patients to follow the complainants and appeals process outlined in their benefits booklets. (These plans may have deadlines for filing complainants and appeals that the patient must meet.)

HELPFUL ADDRESSES

- ERISA**
(self-funded plans through an employer)
U.S. Department of Labor
Dallas Address
Federal Building, Room 707
525 Griffin Street
Dallas, TX 75202
866-444-3272
www.dol.gov/esba
- STATE EMPLOYEES**
(Health Choice) (State Retirement)
Employees Group Insurance Division of Management and Enterprise Services (EGIDOMES)
3545 NW 58th, Suite 110
Oklahoma City, OK 73112
(405) 717-8701 or 800-752-9475
www.healthchoiceok.com
- FEDERAL EMPLOYEES (U.S. POSTAL WORKERS)**
U.S. Office of Personnel Management
Employee Review Retirement and Insurance Group
P.O. Box 436
Washington, DC 20044
(202) 606-1800
- TRICARE/CHAMPUS PGPA TRICARE SOUTH UNIT**
Foundation Health Federal Services, Inc.
P.O. Box 8958
Madison, WI 53708
800-403-3950
www.hnfs.net
- OUT OF STATE INSUREDS**
OID regulates insurance transactions within the state of Oklahoma. If you purchased your contract in another state, contact that state's insurance department.



- Self-insured/Self-funded employee organization plans
- Workers' compensation (unless presented with a court order)
- Government, school, and church health plans
- Out-of-state insureds
- Medicare/Medicaid
- State Employees (Healthchoice)
- Teachers Retirement System
- TRICARE/Champus
- Bundling and unbundling claims
- Usual and customary charges
- Provider contract disputes

The Oklahoma Insurance Department regulates insurance companies, Health Maintenance Organizations (HMOs), third party administrators (TPAs), and indemnity plans. Some issues may fall under another agency's jurisdiction, and OID may not be able to help you. The Oklahoma Insurance Department has no regulatory authority over complainants regarding:

REGULATORY AUTHORITY