

**EVOLENT HEALTH LLC
POLICY AND PROCEDURE**



POLICY NUMBER: PFR.002.E.KY
 REVISION DATE: March 2018
 PAGE NUMBER: 1 of 3

POLICY TITLE: High Dollar Claims Review
DEPARTMENT: Provider Claims
ORIGINAL DATE: February 2016

Approver(s): Craig Van Natta, Senior Director, Claims

Policy Review Committee Approval Date: June 29, 2018

Product Applicability: mark all applicable products below:

COMMERCIAL	<input type="checkbox"/> HMO <input type="checkbox"/> PPO <i>Products:</i> <input type="checkbox"/> Small <i>Exchange:</i> <input type="checkbox"/> Shop <input type="checkbox"/> All <input type="checkbox"/> Indiv. <input type="checkbox"/> Indiv. <input type="checkbox"/> Large <i>States:</i> <input type="checkbox"/> GA <input type="checkbox"/> MD <input type="checkbox"/> OH <input type="checkbox"/> TX <input type="checkbox"/> _____
GOVERNMENT PROGRAMS	<input type="checkbox"/> MA HMO <input type="checkbox"/> MA C-SNP <input type="checkbox"/> MA D-SNP <input type="checkbox"/> MSSP <input type="checkbox"/> Next Gen ACO <input type="checkbox"/> MA All <input checked="" type="checkbox"/> Medicaid <i>States:</i> <input type="checkbox"/> DC <input checked="" type="checkbox"/> KY <input type="checkbox"/> MD <input type="checkbox"/> _____
OTHER	<input type="checkbox"/> Self-funded/ASO

Regulatory Requirements: N/A

Related Documents: N/A

PURPOSE

The purpose of the policy is to design and implement a quality control process for high dollar claims and to improve payment accuracy and reduce or eliminate overpayments or underpayments made to practitioners/providers.

DEFINITIONS

HDR - High Dollar Claim Review

POLICY

It is the policy of Evolent Health (Evolent) to utilize the auditing team for HDR's. The Provider Funding & Recovery team sends the HDR's to the auditing team weekly for review. The auditing team reviews the claims after they are processed for accuracy, but before they are entered into the routine check runs for disbursement.

PROCEDURE

For processing high dollar claims:

- The Provider Funding & Recovery team creates a weekly high dollar log that is distributed to the auditing team - so that claims can be reviewed before disbursement.
- The report contains all claims with total billed charges of \$75,000 or more on professional claims and \$250,000 or more on facility claims. -
- The high dollar log includes the following data elements:
 - Claim ID
 - Current status
 - Received date
 - Submitted DRG
 - DRG description
 - Primary diagnosis
 - Provider ID
 - Provider name
 - Member ID
 - Member name
 - Claim type
 - Adjudicator
 - Total charges
 - Total paid
 - Auth number
 - High dollar approval, notes & approval date
 - EOP/Check #
 - EOB description
 - Funding & Recovery notes, if applicable
- The Auditors will review claims to determine if adjustments and/or reprocessing are necessary prior to the check run.
- The Auditors reviews and checks the departmental systems to make sure the following are correct;
 - Contract is loaded correctly,
 - Payment is consistent with the intent of the contract,
 - Processing rules were applied correctly,
 - Authorization was attached correctly (if authorization is required) and system is paying according to the authorization.

- The Auditor documents the review of each claim in the report adding two columns to the above report:
 - Auditor comments for each claim
 - All spreadsheets that are reviewed by the Funding & Recovery and Auditor teams are housed in designated location with all notes made from the review.

- The accuracy of processed claims will be measured in the following manner:
 - Claims payment based on contractual agreement,
 - Appropriate systems configuration,
 - Examiner's compliance to the processing rules,
 - Medical authorization was applied correctly (end to end review).

RECORD RETENTION

Records Retention for Evolent Health documents, regardless of medium, are provided within the Evolent Health records retention policy and as indicated in CORP.028.E Records Retention Policy and Procedure.

REVIEW HISTORY

DESCRIPTION OF REVIEW / REVISION	DATE REVISED
New Policy	09/16
Due to dept split, updated according to new dept functions	03/18