Senior Managers Response to Workload Committee Proposal

Admin Review

The Enhanced Care leadership team appreciates the thoughtful review of potential recommendations and questions for our Claims Admin team. A key consideration is that certain work that is being requested from our Claims Admin team would require a further discussion with Workforce, Human Resources and other key internal business partners to ensure that this is in alignment of their job profile. Specifically, shifting financial risk to our Claims Admin team is out of scope for the role and lies with the Senior Support and Recovery Specialist (SSRS). We have met several times throughout the year with our Claims Admin team and have outlined responses to these questions below:

Response to Example 1 – Missing Reports

- **Should Administrators contact clinics directly to request missing or corrected reports, given their access to payment dates and reporting information?**

Given their familiarity with their customers and the specific requirements of each file, Recovery Specialists are best positioned to recognize when reports are missing or additional information is required.

Once identified, the Recovery Specialist can request support from the Claims Administration team to follow up on the missing information by submitting a "General request - Follow up on Missing Report". The details of the activity request can be found here (Request a combination of correspondences).

Response to Example 2 – Rejected Payments

- **Can Administrators contact providers to explain rejected payments and outline next steps?**

If a vendor submits an invoice through the portal, any rejections will automatically notify the vendor along with the reason for the rejected payment.

For manual submissions, the Claims Vendor Inquiry Unit or Health Care Inquiry Unit may be the best to support vendors for rejection inquiries (Contact Health Services).

Response to Example 3 – Missing Documentation Follow-Up

- **When Administrators identify missing reports, can they follow up directly with providers to obtain the required documentation?**

As outlined in example 1, the Claims Admin team cannot track requested reports as that is the responsibility of the file handler. If they need documentation requested or followed up, they can put in a request as per procedures (Request a combination of correspondences).

Response Example 4 – Medical Authorization Emails

- **Can Administrators email customers with updated medical authorizations?**

If a Recovery Specialist needs an updated medical authorization, they can create a "Send Authorization Activity" similar to how they would an initial request as outlined in the Claims Procedures (Send Authorization Forms activity).

Response to Example 5 – Travel Expense Workflow

Current Process (for context)

- **SSRS calculates mileage and completes six required fields before sending to CSA, including amounts under $500.**
- **Administrators then review and forward to SSRS.**

Proposed Questions

- **Can CSAs calculate mileage for all submissions—including those over $500—and assign the activity directly to SSRS?**
- **Can Administrators verify calendar alignment and reimbursement accuracy before forwarding to SSRS?**
- **Would routing travel related tasks directly to an administrative queue reduce duplication and improve workflow efficiency?**

For clarification, mileage amounts under $500 are treated as a standard customer reimbursement and a review of the form is not required by any staff (Processing the Treatment Travel Expense form). Those amounts will be submitted and paid.

For reimbursement amounts over $500, the specialist can create a "Review Customer Reimbursement" activity for a review by the Claims Admin team. If the date and destination address match the treatment calendar in the claim and the distance submission and parking expenses are within the outlined limits, the mileage will be processed and paid. Claims Admin will return the activity to the specialist in the event of a possible error or clarification needed. Detailed procedures can be found in the Claims Procedures (Processing the Treatment Travel Expense form). The financial responsibility to verify any outliers with the customer and communicate that decision remains with the Recovery Specialist .

Response to Example 6 – Treatment Submissions

- **Can online treatment submissions outside EAB legislative rates be routed directly to an administrative queue for review?**

- **Can Administrators adjust reimbursement amounts based on legislated rates (e.g., $100 → $95) before forwarding to SSRS?**
- **If treatment is within EAB or extended, can Administrators complete the task without SSRS involvement?**
- **If no approval is on file, can Administrators route only those cases to SSRS for determination?**

We will need further clarification on this question to get a better understanding of this request. Claim numbers or examples will allow us to appropriately provide feedback to our Claims Admin team and in turn, they can advise how they can support our areas. It's important to note that, under their current role, the Claims Admin team cannot make financial decisions on claims. Without a full review of their responsibilities, we need to be thoughtful about the types of tasks we ask them to support.

We will be gathering input and feedback from your colleagues on potential opportunities where our Claims Admin team can support us. With specific suggestions and examples, it will allow us to get a better idea for further areas of improvement.