



**HCMS**  
Harris County Medical Society

## **Harris County Medical Society (HCMS) Payment Advocacy Program and Policy**

To ensure HIPAA compliance and the efficiency of our payment advocacy program, the following policy has been implemented.

The HCMS Payment Advocacy Program is a member benefit. Only members of HCMS can utilize the program. The physician member's name must be on the CMS 1500 paper claim form/837 electronic form and EOB/R&S/837 electronic form. If HCMS receives information from a physician who is not a member, the information will be returned to the sender along with an HCMS membership packet.

HCMS advocates for its members with the major market payers.

### **HCMS staff cannot process any payment issues/problems that do not follow policy, especially HIPAA privacy/security compliance.**

ALL claim payment denials must be appealed through the payer's appeal process. If you feel the appeal denials are not warranted, send to HCMS stating that in your cover letter along with your appeal letters. For all other issues (i.e., paying wrong fee schedule, payer system errors, etc.), please contact provider relations first. If the rep has not assisted to your satisfaction, send to HCMS for research and possible resolution following the below process:

- HCMS must have a new 2013 HIPAA HCMS Business Associate Agreement (BAA) on file prior to assisting with issues that require the sharing of PHI. To receive an HCMS BAA, go to the HCMS Web site at [www.hcms.org](http://www.hcms.org) and click on Practice Resources/Payment Advocacy or, call 713-524-4267 and ask for the Payment Advocacy Department, or fax a request to 713-528-0951.
- Keep copies of all documents that you send to HCMS Payment Advocacy Program.
- **Should HCMS receive any PHI that does not comply with the HIPAA and HCMS compliance and payment advocacy policies, these documents will be shredded immediately.**
- Include a typed cover letter on the practice letterhead explaining the issue(s). A different cover letter must be accompanied with each payer issue. This is very important as the correspondence that is sent by HCMS must go to the appropriate payer for resolution. Contact name and phone number must be on the letter.
- Separate ALL claims and backup information into payers. Include ALL correspondence and/or notes between your office and the payer (such as EOBs, appeal denials, timeline of contact dates, contact names, etc.).
- ALL payment issues, mailed or faxed must be sent to the attention of "Payment Advocacy." If faxed, the HIPAA privacy fax number is 713-528-0951. If mailed: Attn: Payment Advocacy, Harris County Medical Society, John P. McGovern Building, 1515 Hermann Drive, Houston, TX 77004-7126. If emailed, information containing PHI must be encrypted or sent securely.

Respectfully, we appreciate your cooperation so we can better serve you.

John P. McGovern Building  
1515 Hermann Drive, Houston, TX 77004-7126  
Phone: 713.524.4267 Fax: 713.942.7072  
[www.hcms.org](http://www.hcms.org)

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