

State of Mississippi

REQUIREMENTS FOR THIRD PARTY LIABILITY IDENTIFYING LIABLE RESOURCES

42 C.F.R. § 433.138(f)

The designated state agency, Department of Human Services (DHS), performs the required data exchanges specified in Section 433.138(d)(1) during application period and at least on a quarterly basis. The exception to this time frame is the institutionalized individuals for which exchanges of data are conducted as specified in Sec. 435.948(d).

Data exchange agreements have been executed with Workers' Compensation Commission and the Department of Public Safety.

The Medicaid Management Information System (MMIS) identifies on a weekly basis those paid claims that contain diagnosis codes 800-999 (ICD10CM) for the purpose of identifying the legal liabilities of third parties.

42 C.F.R. §§ 433.138(e), 433.138(g)(1)(i), 433.138(g)(1)(ii) and (2)(ii)

The Division of Medicaid receives health insurance information from DHS who performs the State wage information collection agency (SWICA) and Social Security Administration (SSA) wage and earnings files data exchanges. DHS maintains a copy of the information in the eligibility file and the information to the Division of Medicaid. The Division of Medicaid completes any necessary research, enters the data into the MMIS Third Party Liability (TPL) files within forty-five (45) days.

The Division of Medicaid receives insurance information from the Department of Human Services (DHS), the SSA, and the Medicaid Regional Offices from application and redetermination procedures for Medicaid eligibility. The sources of eligibility maintain the third party information in the eligibility case file and send the information to the Division of Medicaid as part of the agreement with DHS. This information is uploaded into the MMIS TPL files.

42 C.F.R. § 433.138(q)(2)(i)

The required data exchange takes place weekly with the Mississippi Workers' Compensation Commission. In order to incorporate TPL data within sixty (60) days as specified in section 433.139(g)(2)(i), prior to producing the final report of "hits," the MMIS cross references the data received back from worker's compensation with the trauma code claims which appeared on the Trauma Code edit reports to avoid duplication of effort. Inquiries containing Medicaid's subrogation rights to insurance companies, employers or attorneys are generated by the MMIS. Upon receipt of response, a TPL recovery case is established.

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REQUIREMENTS FOR THIRD PARTY LIABILITY IDENTIFYING LIABLE RESOURCES

42 C.F.R. § 433.138(g) (3) (i) and (iii)

A required data exchange takes place with the Department of Public Safety (DPS) annually. A questionnaire will be sent to the beneficiaries found in data match. Upon receipt of a response indicating a liable third party, a recovery case is established.

42 C.F.R. § 433.138(g)(4)(i) through (iii)

The MMIS identifies on a weekly basis those paid claims that contain diagnosis codes 800-999 (ICD-10-CM.) An accident questionnaire is system generated and mailed to each recipient whose accumulated monthly paid amount equals or exceeds \$250. Responses received by the Division of Medicaid that identify a liable third party, attorney, or insurance carrier require a notice and inquiry to that party advising of Medicaid's subrogation statute (section 43-13-125 of the Mississippi Code of 1972, annotated as amended) within 30 days. In order to incorporate third party information within 50 days, the sources of eligibility are notified to include third party information in the eligibility case record. The Division of Medicaid will make any necessary updates to the MMIS files and maintain related hard copy files. A detailed amount of the state's subrogation claim is provided to the third party upon request and updated immediately prior to settlement. Should Medicaid's potential recovery be less than the total subrogation interest, the case is referred to the staff attorney for a comprise determination (Section 43-13-125(2)(b), Mississippi Code of 1972, annotated amended). Additionally, the right of subrogation by the state to the recipient's right to recovery shall be subject to ordinary and reasonable attorney fees (Section 43-13-125(2)(a), Mississippi Code of 1972, annotated as amended).

42 C.F.R. § 433.138(e)

Priority for follow-up will be given to the trauma codes which yield the highest recovery as evidenced by the quarterly report produced by the DOM TPL Unit in-house computer program.

State of Mississippi

REQUIREMENTS FOR THIRD PARTY LIABILITY PAYMENT OF CLAIMS

42 C.F.R. § 433.139(b)(3)(ii)(c)

(1) Providers are required to file a claim with the third party prior to filing with the Division of Medicaid except in the following circumstances:

- a) Claims for preventive pediatric services (including EPSDT services), and
- b) Claims for covered services furnished to an individual on whose behalf child support enforcement is being carried out by the state Title IV-D program.

42 C.F.R. § 433.139(f)(2)(2)

(2) If a provider submits a claim to a third party and does not receive a response within thirty (30) days, the provider must submit a written inquiry to the third party. If the third party has not responded after sixty (60) days from the date of the original claim submission, the provider may submit a "Third Party Liability (TPL) Edit Override Attachment: No Response Form". The Division of Medicaid will pay the claim according to policies related to that service. The Division of Medicaid's Third Party Recovery vendor will include these claims in future recoveries.

(3) A threshold amount of \$100 is used to determine whether to seek recovery from a liable third party except for trauma-related claims in which case a threshold amount of \$ 250 is used.

42 C.F.R. § 433. 139(f)(3)

(4) Third party recovery will be pursued when the accumulated monthly trauma code paid claims amount for each beneficiary equals or exceeds a \$250 threshold.

The MMIS will generate monthly invoices of preventive pediatrics and Title IV-D related claims when the accumulated paid claims for each beneficiary with a third party indicator in the claims payment system and no third party amount listed on the claim, equals or exceeds a \$100 threshold.

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REQUIREMENTS FOR THIRD PARTY LIABILITY PAYMENT OF CLAIMS

447.20(a) and (b)

The Medicaid provider may not refuse covered services to an individual who is eligible for medical assistance under the plan on account of a third party's potential liability. The provider may not seek to collect from the Medicaid eligible individual (or any financially responsible relative or representative of that individual) if the total amount of the third party liability is equal to or greater than the amount payable under the State Plan (which includes, when applicable, approved cost-sharing payments.) When the total third party payment is less than the amount payable under the State Plan (which includes, when applicable, approved cost-sharing payments), the provider may collect from the individual (or any financially responsible relative or representative) an amount the lesser of any approved cost-sharing amount or the difference between the amount payable under the State Plan and the total third party payment.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

Attachment 4.22-A
OMB NO. : 0938-0193

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State of Mississippi

REQUIREMENTS FOR THIRD PARTY LIABILITY IDENTIFYING LIABLE RESOURCES

Citation: ~~42 C.F.R. § 433.138(f), 52FR 5967~~

~~(4)~~The designated state agency, Department of Human Services (DHS), performs the required data exchanges specified in Section 433.138(d)(1)during application period and at least on a quarterly basis. The exception to this time frame is the institutionalized individuals for which exchanges of data are conducted as specified in Sec. 435.948(d).

~~Data exchange agreements have been executed with Workers' Compensation Commission and the Department of Public Safety with specified exchange time frame on each of annually. (Section 433.138(d)(4))~~

The Medicaid Management Information System (MMIS) identifies on a ~~monthly~~weekly basis those paid claims that contain diagnosis codes 800-999 (ICD10~~9~~CM) for the purpose of identifying the legal liabilities of third parties.

~~(Section 42 C.F.R. § 433.138(e), 433.138(g)(1)(i), 433.138(g)(1)(ii) and (2)(ii), 52FR 5967~~

The ~~TPL unit~~Division of Medicaid receives health insurance information from DHS who performs the State wage information collection agency (SWICA) and Social Security Administration (SSA) wage and earnings files data exchanges. DHS maintains a copy of the ~~TP~~information in the eligibility file and sends ~~a copy~~the information to the ~~DOM TPL Unit~~Division of Medicaid. The ~~TPL Unit~~Division of Medicaid completes any necessary research, enters the data into the MMIS ~~TPL~~Third Party Liability (TPL) files within forty-five (45) days, ~~and files the hard copy information.~~

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State of Mississippi

REQUIREMENTS FOR THIRD PARTY LIABILITY IDENTIFYING LIABLE RESOURCES

The ~~TPL Unit~~ Division of Medicaid receives insurance information from the Department of Human Services (DHS), the SSA, and the Medicaid Regional Offices from application and redetermination procedures for Medicaid eligibility. The sources of eligibility maintain ~~a copy of~~ the third party information in the eligibility case file and send ~~a copy~~ the information to the ~~DOM~~ TPL Unit Division of Medicaid as part of the agreement with DHS. ~~Within 60 days, the TPL Unit~~ completes the necessary research, enters the data into the This information is uploaded into the MMIS TPL Support System files, and files the hard copy document.

~~(section 42 C.F.R. § 433.138(q)(2)(i))~~

The required data exchange takes place ~~annually~~ weekly with the Mississippi Workers' Compensation Commission. In order to incorporate TPL data within sixty (60) days as specified in section 433.139(g)(2)(i), prior to producing the final report of "hits," the MMIS cross references ~~the matched tape~~ the data received back from ~~we~~ worker's compensation with the trauma code claims which appeared on the Trauma Code edit reports to avoid duplication of effort. ~~Upon receipt of the final report, the we case files are examined by the DON TPL Unit as warranted.~~ Inquiries containing Medicaid's subrogation rights to insurance companies, employers or attorneys are generated by the MMIS. Upon receipt of response, a TPL recovery case is established. the source of eligibility is sent detailed information on the liable third party to include in the eligibility case file.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Attachment 4.22-A

MEDICAL ASSISTANCE PROGRAM

OMB No. : 0938-a193

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THE TPL UNIT MAINTAINS RELATED CASE FILES

42 C.F.R. § 433.138(g) (3) (i) and (iii), 52 FR 5967

~~(3)—A required data exchange takes place with the Department of Public Safety (DPS) annually. The potential for a useful data exchange is slight since the DPS file is keyed by driver license number. This is not always the social security number which will be used to execute the exchange. Furthermore, the data maintained on the DPS file relates only to the driver or the owner of the vehicle; no passenger information. Also, State law prohibits access to the accident reports or supplemental reports. In order to incorporate TPL data within 60 days, follow up includes the MMIS automatically generating inquiries to recipients listed on final data exchange report. Upon receipt of response indicating a liable third party, a questionnaire will be sent to the beneficiaries found in data match. Upon receipt of a response indicating a liable third party, a recovery case is established. the source of eligibility will be sent TP information to include in the eligibility case file. The TPL Unit will maintain related case files.~~

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REQUIREMENTS FOR THIRD PARTY LIABILITY IDENTIFYING LIABLE RESOURCES

42 C.F.R. § 433.138(g)(4)(i) through (iii) ~~52 FR 5967~~

The MMIS identifies on a ~~weekly~~ monthly basis those paid claims that contain diagnosis codes 800-999 (ICD-~~109~~-CM.)—An accident questionnaire is system generated and mailed to each recipient whose accumulated monthly paid amount equals or exceeds \$250. Responses received by the ~~TPL Unit~~ Division of Medicaid that identify a liable third party, attorney, or insurance carrier require a notice and inquiry to that party advising of Medicaid's subrogation statute (section 43-13-125 of the Mississippi Code of 1972, annotated as amended) within 30 days. In order to incorporate ~~TP~~ third party information within 50 days, the sources of eligibility are notified to include ~~TP~~ third party information in the eligibility case record. The ~~TPL Unit~~ Division of Medicaid will make any necessary updates to the MMIS files and maintain related hard copy files. A detailed amount of the state's subrogation claim is provided to the third party upon request and updated immediately prior to settlement. Should Medicaid's potential recovery be less than the total subrogation interest, the case is referred to the staff attorney for a comprise determination (Section 43-13-125(2)(b), Mississippi Code of 1972, annotated amended.) Additionally, the right of subrogation by the state to the recipient's right to recovery shall be subject to ordinary and reasonable attorney fees (Section 43-13-125(2)(a), Mississippi Code of 1972, annotated as amended.)

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State of Mississippi

REQUIREMENTS FOR THIRD PARTY LIABILITY IDENTIFYING LIABLE RESOURCES

42 C.F.R. § 433.138(e)

Priority for follow-up will be given to the trauma codes which yield the highest recovery as evidenced by the quarterly report produced by the DOM TPL Unit in-house computer program.

State of Mississippi

OMB NO. 0938-0193

REQUIREMENTS FOR THIRD PARTY LIABILITY PAYMENT OF CLAIMS

~~Citation 42 C.F.R. § 433.139(b)(3)(ii)(c), 55 FR 1423, 433.139(f)(2)(2), 50 FR 46652~~

- (1) ~~The provider is not required to file with the third party prior to filing Medicaid in a situation where the TP is derived from a parent whose obligation to pay support is being enforced by the State Title IV-D Agency. the following Pay & Chase services Providers are required to file a claim with the third party prior to filing with the Division of Medicaid except in the following circumstances:~~

- a) Claims for Preventive pediatric services (including EPSDT services), and
- b) Claims for Covered services furnished to an individual on whose behalf child support enforcement is being carried out by the state Title IV-D program.

~~42 C.F.R. § 433.139(f)(2)(2), 50 FR 46652~~

- ~~(2) If a provider submits a claim to a third party and does not receive a response within thirty (30) days, the provider must submit a written inquiry to the third party. If the third party has not responded after sixty (60) days from the date of the original claim submission, the provider may submit a "Third Party Liability (TPL) Edit Override Attachment: No Response Form". The Division of Medicaid will pay the claim according to policies related to that service. The Division of Medicaid's Third Party Recovery vendor will include these claims in future recoveries.~~

- ~~(3) A threshold amount of \$100 is used to determine whether to seek recovery from a liable third party except for trauma-related claims in which case a threshold amount of \$ 250 is used.~~

~~42. C.F.R. § 433. 139(0(3) (3), 50 FR 46652~~

- ~~(4) Third party recovery will be pursued when the accumulated monthly trauma code paid claims amount for each beneficiary equals or exceeds a \$250 threshold.~~

The MMIS will generate monthly ~~invoices~~ invoices of ~~prenatal~~, preventive pediatrics, and Title IV-D related claims when the accumulated paid claims for each beneficiary with a third party indicator in the claims payment system and no third party amount listed on the claim, equals or exceeds a \$100 threshold.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT Attachment 4-22-B
MEDICAL ASSISTANCE PROGRAM

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State of Mississippi

OMB NO. ~~0938-0193~~

REQUIREMENTS FOR THIRD PARTY LIABILITY PAYMENT OF CLAIMS

447.20(a) and (b)(e), ~~55 FR 1423~~

The Medicaid provider may not refuse covered services to an individual who is eligible for medical assistance under the plan on account of a third party's potential liability. The provider may not seek to collect from the Medicaid eligible individual (or any financially responsible relative or representative of that individual) if the total amount of the third party liability is equal to or greater than the amount payable under the State Plan (which includes, when applicable, approved cost-sharing payments.) When the total third party payment is less than the amount payable under the State Plan (which includes, when applicable, approved cost-sharing payments), the provider may collect from the individual (or any financially responsible relative or representative) an amount the lesser of any approved cost-sharing amount or the difference between the amount payable under the State Plan and the total third party payment .

~~*Formerly approved as Attachment 4.22 B, Page 1.~~