

Third Party Liability

Office of Medicaid Services
November 22, 2019

Molly M. Spearman – State Superintendent of Education



Agenda

Third Party Liability Process:

- Medicaid TPL Definitions and Eligibility Verification
- 1500 Claim Form Instructions
- School District's Responsibilities
- Claims Submission Criteria
- Medicaid Edit Codes
- Setting Up a Medicaid TPL File for Review
- SCDHHS Training Opportunities

Medicaid TPL Definitions, and Eligibility Verification

What is Third Party Liability (TPL)?

- Third Party Liability refers to the legal obligation of third parties to pay part or all of the expenditures for medical assistance furnished under a Medicaid state plan.

Types of Insurance Carriers

- Private Health Insurance
- Medicare
- Health Insurance from a non-custodial parent
- Contact Provider Service Center at 888-289-0709 for additional information.

Rules for Billing TPL

Order of Insurance Coverage:

- **Medicaid**
 - Medicaid is the coverage of last resort. Therefore, all other insurance companies must be pursued prior to billing Medicaid.
- **Birthday Rule**
 - The birthday rule states that the health plan of the parent whose birthday is first in the calendar year would be considered as the primary coverage for the children, and the plan of the parent with the later birthday would be considered as secondary. The birthday rules goes by month and day **NOT** year.

Medicaid Eligibility

- The student must be an active Medicaid Beneficiary.
 - The South Carolina Healthy Connections (Medicaid) Web-based Claims Submission Tool provides TPL information on coverage.

The SCDHHS Webtool

- The Webtool is a web based application that allows the user to verify, eligibility, insurance coverage, and claims submission.
- Single query eligibility verification
- Multi query eligibility verification

Eligibility Verification

SOUTH CAROLINA
Healthy Connections
MEDICAID

Please select a provider to work with: Select

Logout | Home

Change PWD | Reports | Eligibility | Claims Entry | Claim Submission

Single Query
Multiple Queries

SC Medicaid Portal Home | Welcome [Name] | Your IP address, [IP] has been logged.

Announcements
PLEASE READ BEFORE ENTERING CLAIMS**

AFTER SELECTING CLAIMS ENTRY AND BEFORE SELECTING ENTER NEW CLAIMS YOU MUST FIRST SELECT CLAIM TYPE ICD9 OR ICD10 FROM THE DROP DOWN.

The web portal will contain an indicator that the provider will need to check indicating if he/she is submitting a claim with ICD-9 codes. An error message will appear if the provider selects an indicator that does not match with the codes entered. For example, provider selects the ICD-10 Indicator, but enters ICD-9 codes, then the error message will appear.

Welcome to the South Carolina Medicaid Web Portal.

- To update your password, please click the **Change PWD** link.
- To download or view payment e-Remit statements, please click the **e-Remit** link.
- To enter a claim (professional or hospital), select the appropriate claim type from the Claim Entry menu.
- To submit a claim, click the **Claim Submission** link.
- To view a submitted claim's status, please click the **Status** link.
- To check on the eligibility for your Medicaid subscribers, please click the **Check Eligibility** link.
- To look for claims you have submitted via the Portal, select **Search Submitted Claims** from the History menu. Or, to browse claims by batch (a group of claims submitted all at once), select **CMS-1500 Submitted Batches** or **UB-04 Submitted Batches** from the History menu.

FAQ

Select
Single Query.

Single Query

The screenshot shows the 'Eligibility Verification Inquiry' page on the South Carolina Healthy Connections Medicaid website. The page has a blue header with the logo and navigation links. A red box highlights the 'Selection Criteria' section, which contains several input fields: 'Date of Service' (pre-filled with 01/15/2016), 'Date of Birth', 'Medicaid ID', 'SSN', 'First Name', 'MI', and 'Last Name'. Below these fields are three buttons: 'Check Eligibility', 'Cancel', and 'Multiple Query Entry'. A yellow callout bubble points to the 'Check Eligibility' button with the text 'Click Check Eligibility.' Another yellow callout bubble points to the 'Date of Birth', 'SSN', and 'Last Name' fields with the text 'Type Medicaid # or SSN and DOB or Full Name and DOB.' To the right, a 'Form filling information' box explains that the selection criteria requires the entry of one of three possibilities based on priority: 1. Date of Service, Medicaid ID; 2. Date of Service, Date of Birth, SSN; 3. Date of Service, Date of Birth, Full Name. The page also includes a 'Please select a provider to work with:' dropdown menu and a 'Logout | Home' link.

South Carolina
Healthy Connections
MEDICAID

Please select a provider to work with:
<Select One> Select

Logout | Home

Change pwn | Reports | Eligibility | Claims Entry | Claim Submission | Lists | History

Eligibility Verification Inquiry | Welcome [User Name] | Your IP address, [IP Address] has been logged.

Selection Criteria

Date of Service: 01/15/2016 | Date of Birth: []
Medicaid ID: [] | SSN: []
First Name: [] | MI: [] | Last Name: []

Form filling information

The selection criteria requires the entry of one of the following three possibilities. The criteria to be used is based on the order listed with the highest priority listed first. If multiple criteria is entered, the one with the highest priority will be used.

1. Date of Service, Medicaid ID
2. Date of Service, Date of Birth, SSN
3. Date of Service, Date of Birth, Full Name

Phone: (803) 289-0709

Click Check Eligibility.

Type Medicaid # or SSN and DOB or Full Name and DOB.

Eligibility Verification: Medicaid Number

The image shows a screenshot of the South Carolina Healthy Connections Medicaid website. The header includes the logo and a dropdown menu for selecting a provider. A navigation bar contains links for Change PWD, Reports, Eligibility, Claims Entry, Claim Submission, Lists, and History. The main content area is titled 'Eligibility Verification Inquiry' and includes a 'Selection Criteria' section with input fields for Date of Service, Date of Birth, Medicaid ID, SSN, First Name, MI, and Last Name. Below these fields are buttons for 'Check Eligibility', 'Clear', and 'Multiple Query Entry'. A 'Form filling information' box provides instructions on how to use the criteria. Two yellow callout bubbles with black outlines provide instructions: one points to the 'Check Eligibility' button, and the other points to the input fields, stating that users should type the Medicaid number, SSN and DOB, or full name and DOB.

Click Check Eligibility.

Type Medicaid # or SSN and DOB or Full Name and DOB.

Eligibility Verification Inquiry: Selection Summary

SOUTH CAROLINA
Healthy Connections
MEDICAID

Please select a provider to work with:
[Dropdown Menu] [Select]

Logout | Home

Change PWD | Reports | Eligibility | Claims Entry | Claim Submission | Lists | History

Eligibility Verification Inquiry: Selection Summary Welcome [User Name] Your IP address, [IP Address] has been logged.

There are several ways to view individual or multiple query details. Individual details may be displayed by clicking on the Medicaid ID box or by clicking on one of the checkboxes and then click the 'Display' button. To view multiple query details, click on multiple checkboxes and then click the 'Display' Button or to see all details, click the 'Display All' button.

Selection Criteria

Date of Service: 01/15/2016 Provider ID: [ID] [Display] [Display All] [Select All] [Clear] [Back]

Sel	MID	Name	DOB	Status	Gender	DOS
<input type="checkbox"/>	[MID]	[Name]	[DOB]	[Status]	[Gender]	[DOS]

[Display] [Display All] [Select All] [Clear] [Back]

[] []

Eligibility Verification Inquiry: Selection Summary

[Display] [Display All] [Select All] [Clear] [Back]

[]

[]

Eligibility Verification Results

SOUTH CAROLINA
Healthy Connections
MEDICAID

Please select a provider to work with:

Logout | Home

Change PWD | Reports | Eligibility | Claims Entry | Claim Submission | Lists | History

Eligibility Verification Results: Welcome [redacted] Your ID: [redacted]

A total of 1 responses are displayed.

Selection Criteria for response 1
[Add Beneficiary](#) [Back...](#) [Add All Beneficiaries](#) [Print Response](#) [Print All](#)

Date Of Service: 09/01/2015 Provider ID: [redacted] SC Medicaid: [redacted]

Beneficiary Data

Name:	[redacted]	ID Number:	[redacted]
Gender:	MALE	Birth Date:	[redacted]
Address:	[redacted]	City/State/Zip:	[redacted]

Eligibility or Benefit Information

Beneficiary is:	ELIGIBLE	Qualified Medicare Beneficiary:	N/A
Payment Category:	SSI	Home visits remaining:	50
CoPay Exempt:	NO	Ambulatory visits remaining:	13
Deductible:	\$0.00	Chiropractic visits remaining:	
Coinsurance:	0.0%	Mental Health visits remaining:	
Limited Benefit:	N/A	Rehabilitative visits remaining:	
Qual. Category:	DISABLED		

Beneficiary Special Programs Data

Description: MCHM, MCO
Message: NOTE: BENEFICIARY(IES) WITH A MCO CARE INDICATOR PARTICIPATE IN A MANAGED CARE PLAN. MOST SERVICES REQUIRE PRIOR AUTHORIZATION FROM THE PROVIDER OR HMO LISTED BELOW.

Anniversary Date: 01/01/2015

Provider ID: [redacted]
Organization: [redacted]
Address: [redacted]
City/State/Zip: [redacted]
Telephone: [redacted]

TPL - Third Party Liability

Medicare A:	N/A	Medicare B:	N/A	Medicare ID:	N/A
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HEALTH - NO RESTRICTION Policy Number: Carrier:	HEALTH - NO RESTRICTION Policy Number: Carrier:	HEALTH - NO RESTRICTION Policy Number: Carrier:
Maternity Insured: Eligibility Date: Eligibility To: Policy Holder:	Maternity Insured: Eligibility Date: Eligibility To: Policy Holder:	Maternity Insured: Eligibility Date: Eligibility To: Policy Holder:

Beneficiary Information

Eligibility or Benefit Information

Beneficiary Special Program Data

Third Party Liability Information

Multiple Eligibility Queries

The screenshot shows the South Carolina Healthy Connections Medicaid portal. At the top, there is a navigation bar with the following links: Change PWD, Reports, Eligibility, Claims Entry, Claim Submission, Lists, History, Logout, and Home. The 'Eligibility' link is highlighted with a red box. Below the navigation bar, there is a dropdown menu for 'Please select a provider to work with:' with a 'Select' button. The main content area includes a 'Single Query' link (highlighted with a red box) and a 'Multiple Queries' link (highlighted with a red box). A yellow callout bubble points to the 'Multiple Queries' link with the text 'Select Multiple Queries.' Below the navigation bar, there is a section for 'Announcements' with the following text: '***PLEASE READ BEFORE ENTERING CLAIMS***** AFTER SELECTING CLAIMS ENTRY AND BEFORE SELECTING ENTER NEW CLAIMS YOU MUST FIRST SELECT THE CLAIM TYPE ICD9 OR ICD10 FROM THE DROP DOWN. The web portal will contain an indicator that the provider will need to check, indicating if he/she is submitting a claim with ICD-9 or ICD-10 codes. An error message will appear if the provider selects an indicator that does not match with the codes entered. For example, if the provider selects the ICD-10 Indicator, but enters ICD-9 codes, then the error message will appear.' Below the announcements, there is a 'Welcome to the South Carolina Medicaid Web Portal.' section with a list of instructions: '• To update your password, please click the **Change PWD** link. • To download or view payment e-Remit statements, please click the **e-Remit** link. • To enter a claim (professional or hospital), select the appropriate claim type from the **Claim Entry** link. • To submit a claim, click the **Claim Submission** link. • To view a submitted claim's status, please click the **Status** link. • To check on the eligibility for your Medicaid subscribers, please click the **Check Eligibility** link. • To look for claims you have submitted via the Portal, select **Search Submitted Claims** by batch (a group of claims submitted all at once), select **CMS-1500 Submitted Claims** from the menu.' At the bottom of the page, there is an 'FAQ' link.

Selection Criteria

SOUTH CAROLINA
Healthy Connections
MEDICAID

Please select a provider to work with:

[Change PWD](#) | [Reports](#) | [Eligibility](#) | [Claims Entry](#) | [Claim Submission](#) | [Lists](#) | [History](#) | [Logout](#) | [Home](#)

Eligibility Verification Inquiry Welcome [User] Your IP address, [IP] has been logged.

Please enter a valid SC Medicaid ID or SSN and DOB or Name and DOB.

Selection Criteria

Date of Service: [Beneficiary List](#) [Change Dates](#) [Single Query](#)

Date of Service	Key Type	Key Value	Birth Date	Date of Service	Key Type	Key Value	Birth Date
<input type="text" value="01/15/2016"/>	<input type="button" value="Medicaid"/> <input type="button" value="Medicaid"/> <input type="button" value="SSN"/> <input type="button" value="Name"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="01/15/2016"/>	<input type="button" value="Medicaid"/>	<input type="text"/>	<input type="text"/>
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Eligibility Verification Only

HEALTH CARE DEPARTMENT OF SOUTH CAROLINA
SOUTH CAROLINA
Healthy Connections

Please select a provider to work with: Select

Logout | Home

Change PWD | Renewal | Claim Submission | Lists | History

Your IP address, [redacted]

Eligibility Verification Summary

There are several ways to view the query details. Individual details may be displayed by clicking on the Medicaid ID box or by clicking on one of the checkboxes and then click the 'Display' button. Multiple details may be displayed by clicking on multiple checkboxes and then click the 'Display' Button or to see all details, click the 'Display All' button.

Selection Criteria

Date of Service: 01/15/2016 Provider ID: [redacted]

Set	MID	Name	DOB	Status	Gender	DOS
<input type="checkbox"/>	[redacted]	[redacted]	[redacted]	ELIGIBLE	[redacted]	01/15/2016
<input type="checkbox"/>	[redacted]	1. INVALID MISSING SUBSCRIBER INSURED ID 2. INVALID MISSING DATE OF BIRTH 3. THE SUBSCRIBER ENTERED WAS NOT FOUND IN OUR DATABASE 4. Medicaid ID: 1234567890		[redacted]	[redacted]	01/15/2016
<input type="checkbox"/>	[redacted]	[redacted]	[redacted]	ELIGIBLE	[redacted]	01/15/2016
<input type="checkbox"/>	[redacted]	[redacted]	[redacted]	ELIGIBLE	[redacted]	01/15/2016

Set	MID	Name	DOB	Status	Gender	DOS
<input type="checkbox"/>	[redacted]	[redacted]	[redacted]	INELIGIBLE	[redacted]	01/15/2016
<input type="checkbox"/>	[redacted]	[redacted]	[redacted]	ELIGIBLE	[redacted]	01/15/2016
<input type="checkbox"/>	[redacted]	[redacted]	[redacted]	INELIGIBLE	[redacted]	01/15/2016
<input type="checkbox"/>	[redacted]	1. INVALID MISSING SUBSCRIBER INSURED ID 2. INVALID MISSING DATE OF BIRTH 3. THE SUBSCRIBER ENTERED WAS NOT FOUND IN OUR DATABASE 4. Medicaid ID: 1122334455		[redacted]	[redacted]	01/15/2016

The Medicaid ID was not found.

Recipients who are not eligible display in red.

This beneficiary is "eligible."

Eligibility Verification: Beneficiary List

SOUTH CAROLINA
Healthy Connections
MEDICAID

Please select a provider to work with:

Logout | Home

Change PWD | Reports | Eligibility | Claims Entry | Claim Submission | Lists | History

Eligibility Verification Inquiry | Welcome [User] | Your IP address, [IP] has been logged.

Please enter a valid SC Medicaid ID or SSN and DOB or Name and DOB.

Selection Criteria

Date of Service: **Beneficiary List**

Date of Service	Key Type	Key Value	Birth Date	Date of Service	Key Type	Key Value	Birth Date
<input type="text" value="01/15/2016"/>	<input type="button" value="Medicaid"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="01/15/2016"/>	<input type="button" value="Medicaid"/>	<input type="text"/>	<input type="text"/>
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Beneficiary Selection List

SOUTH CAROLINA
Healthy Connections
MEDICAID

Please select a provider to work with:

Logout | Home

Change PWD | Reports | Eligibility | Claims Entry | Claim Submission | Lists | History

Beneficiary Selection List Welcome [User Name] Your IP address, [IP Address] has been logged.

No.	Medicaid ID	First Name	MI	Last Name	Record Number	Date Added
1	<input checked="" type="checkbox"/>	[Redacted]	[Redacted]	[Redacted]	[Redacted]	2012-07
2	<input checked="" type="checkbox"/>	[Redacted]	[Redacted]	[Redacted]	[Redacted]	2013-03
3	<input checked="" type="checkbox"/>	[Redacted]	[Redacted]	[Redacted]	[Redacted]	2012-01
4	<input checked="" type="checkbox"/>	[Redacted]	[Redacted]	[Redacted]	[Redacted]	2013-02
5	<input checked="" type="checkbox"/>	[Redacted]	[Redacted]	[Redacted]	[Redacted]	2012-05
6	<input checked="" type="checkbox"/>	[Redacted]	[Redacted]	[Redacted]	[Redacted]	2012-01

Click Populate Query after making your selection.

Selection Criteria of Beneficiary List

The screenshot shows the 'Beneficiary Selection List' page on the South Carolina Healthy Connections Medicaid website. The page header includes the logo and a navigation menu with options like 'Change PWD', 'Reports', 'Eligibility', 'Claims Entry', 'Claim Submission', 'Lists', and 'History'. A dropdown menu for 'Please select a provider to work with:' is visible. The main content area features a 'Beneficiary Selection List' section with a 'Welcome' message and a note about the user's IP address. Below this, there are four buttons: 'Select All', 'Clear All', 'Populate Query', and 'Cancel'. The 'Populate Query' button is highlighted with a red box. A yellow callout bubble points to this button with the text: 'Click Populate Query after making your selection.' Below the buttons is a table with columns for 'No.', 'Medicaid ID', 'First Name', 'MI', 'Last Name', 'Record Number', and 'Date Added'. The table contains six rows of data, each with a checked checkbox in the 'No.' column.

No.	Medicaid ID	First Name	MI	Last Name	Record Number	Date Added
1						2012-07
2						2013-03
3						2012-01
4						2013-02
5						2012-05
6						2012-01

Eligibility Verification Inquiry: Selection Summary List

SOUTH CAROLINA
Healthy Connections
MEDICAID

Please select a provider to work with:

[Logout](#) | [Home](#)

[Change PWD](#) | [Reports](#) | [Eligibility](#) | [Claims Entry](#) | [Claim Submission](#) | [Lists](#) | [History](#)

Eligibility Verification Inquiry: Selection Summary Welcome [Name] Your IP address, [IP] has been logged.

There are several ways to view individual or multiple query details. Individual details may be displayed by clicking on the hyperlink within the Medicaid ID box or by clicking on one of the checkboxes and then click the 'Display' button. Multiple details may be selected by clicking multiple checkboxes and then click the 'Display' Button or to see all details, click the 'Display All' button.

Selection Criteria

Date of Service: 01/15/2016 Provider ID: [ID]

Sel	MID	Name	DOB	Status	Gender	DOS	Sel	MID	Name	DOB	Status	Gender	DOS
<input type="checkbox"/>	[MID]	[Name]	[DOB]	ELIGIBLE	[Gender]	01/15/2016	<input type="checkbox"/>	[MID]	[Name]	[DOB]	INELIGIBLE	[Gender]	01/15/2016
<input type="checkbox"/>	[MID]	[Name]	[DOB]	ELIGIBLE	[Gender]	01/15/2016	<input type="checkbox"/>	[MID]	[Name]	[DOB]	ELIGIBLE	[Gender]	01/15/2016
<input type="checkbox"/>	[MID]	[Name]	[DOB]	ELIGIBLE	[Gender]	01/15/2016	<input type="checkbox"/>	[MID]	[Name]	[DOB]	INELIGIBLE	[Gender]	01/15/2016

This beneficiary is "eligible."

Eligibility Verification Inquiry: Results

SOUTH CAROLINA
Healthy Connections
MEDICAID

Please select a provider to work with:

[Change PWD](#) | [Reports](#) | [Eligibility](#) | [Claims Entry](#) | [Claim Submission](#) | [Lists](#) | [History](#) | [Logout](#) | [Home](#)

Eligibility Verification Results Welcome [redacted] Your IP address, [redacted] has been logged.

A total of 6 responses are displayed.

Selection Criteria for response 1
[Add Beneficiary](#) [Back...](#) [Add All Beneficiaries](#) [Print Response](#) [Print All](#)

Date Of Service: 01/15/2016 Provider ID: [redacted] SC Medicaid: [redacted]

Beneficiary Data

Name:	[redacted]	ID Number:	[redacted]
Gender:	[redacted]	Birth Date:	[redacted]
Address:	[redacted]	City/State/Zip:	[redacted]

Eligibility or Benefit Information

Beneficiary id:	ELIGIBLE	Qualified Medicare Beneficiary:	[redacted]
Payment Category:	SSI	Home visits remaining:	50
CoPay Exempt:	NO	Ambulatory visits remaining:	10
Deductible:	\$0.00	Chiropractic visits remaining:	6
Coinsurance:	0.0%	Mental Health services remaining:	12
Limited Benefit:	N/A	Rehabilitative services remaining:	420
Qual. Category:	AGED		

Beneficiary Special Programs Data

Description: N/A
Message: N/A

TPL - Third Party Liability

Medicare A: YES Medicare B: YES Medicare ID: [redacted]

Selection Criteria for response 2
[Add Beneficiary](#) [Back...](#) [Add All Beneficiaries](#) [Print Response](#) [Print All](#)

Date Of Service: 01/15/2016 Provider ID: [redacted] SC Medicaid: [redacted]

Beneficiary Data

Name:	[redacted]	ID Number:	[redacted]
Gender:	[redacted]	Birth Date:	[redacted]
Address:	[redacted]	City/State/Zip:	[redacted]

Eligibility or Benefit Information

Eligibility Verification Results

CMS 1500 Claim Requirements

Billing Medicaid

- All School Districts must bill Medicaid using the following:
 - ✓ CMS 1500 Claim
 - or
 - ✓ Electronic Format Web Tool or
 - ✓ Billing Company's software

Billing a TPL Claim

- The CMS 1500 form is a universal claim form which each insurance company is required to use.
- School districts must research the insurance companies' rules on how to submit claims.
- Some companies have restrictions on whether they will accept paper claims or require electronic claims submissions.

Note: The school districts must either review information on line or contact the insurance companies directly for their specific billing and claim requirements.

CMS Claim Form

CMS-1500

HEALTH INSURANCE CLAIM
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE

1 (Insured's Policy Number) **2** (Payment Amount) **3** (Carrier Code) **4** (Denial Indicator) **5** (Total Amount Paid) **6** (Patient's Responsibility)

NUCC Instruction Manual 04/2010 SE, www.nucc.org PLEASE PRINT ON TYPE APPROVED CMS-0238-1107 FORM 1500 (02-12)

- 1. Insured's policy number**
Field(s) 9a or 11
- 2. Payment amount or 0.00**
Field(s) 9c or 11b
- 3. Carrier Code**
Field(s) 9d or 11c
- 4. Denial indicator**
Field 10d
- 5. Total amount paid**
Field 29
- 6. Patient's responsibility**
Field 30

Claim Submission Criteria



Billing – Other Insurance Companies

TPL billing process:

- If the primary and or secondary insurance company's payment(s) were greater than the Medicaid's allowable amount, the school district would not submit a claim to Medicaid.
- If the primary and or secondary insurance company's payment(s) were less than the Medicaid allowed, Medicaid will contribute the lesser of the allowed amount minus the TPL payment or the sum of the coinsurance, deductible, and copay.
- Medicaid is the payer of last resort.

List of Non-TPL Providers

School districts do not have to bill TPL for students with the following Managed Care Organizations:

- Absolute Total Care
- BlueChoice
- Molina
- Select Health
- WellCare

Medicaid Required TPL Services

The following Medicaid services must be billed using the TPL process:

- Diagnostic Assessment
- Psychological Testing and Evaluation Services
- Audiology
- OT
- PT
- Speech Services

Medicaid's Payment Methodology

Medicaid compares two amounts:

- Medicaid Allowed Amount = (x)
- The Carrier Paid Amount = (z)
- The Patient's Responsibility Amount = (y)
- Medicaid will pay the lessor of (z) and (y)

Coordination of Benefits (COB)

The term Coordination of Benefits means that the student or patient is covered by more than one health plan.

- Private Insurance
- Medicare
- Other

Why was COB developed?

- COB is a federally mandated law. 42 CFR § 433.135
- It is an important rule which eliminates duplicate payments or the recipient receiving benefits greater than the billed amount.
- COB rules organizes the hierarchy of the billing process (Birthday Rule).

Cost Avoidance Laws

Policy Guidelines for Cost Avoidance

- Federally mandated policies (Code of Federal Regulations (CFR 42 § 433.138) which makes Medicaid the payer of last resort.
- Requires Medicaid and their contracted entities to search for other potentially liable payers prior to paying or considering a claim for payment.

Timely Filing Requirements

- All claims must be filed within 365 days. The clock starts on the date in which the service transpired.
- There are no extensions given for TPL claims.
- All claims must be edit and error free.

Exceptions to Timely Filing

Dually Eligible Beneficiaries

- These beneficiaries have both Medicare and Medicaid coverage. School districts are given 18 months to submit and receive payment.

Retroactive Eligibility

- These beneficiaries receive Medicaid after the date of service in which coverage was rolled back.
- Claims must be submitted within 6 months from the date stamped on the SCDHHS Retro Eligibility Letter.
- Include the required SCDHHS Eligibility letter verifying the retroactive coverage of the claim.

School District's Responsibility

School District's responsibility for billing Medicaid Claims:

- Verify eligibility regularly
- Request information about other insurance coverage
- Determine payment hierarchy
- Bill all other payers prior to billing Medicaid

Claims Submissions Overview

School district's responsibility for billing Medicaid claims:

- School districts may not pick and choose which companies to bill TPL.
- The school districts may use the OMS insurance response letters to provide proof that school-based services are not reimbursed by the insurance company.
- By using these letters the school districts have accepted the responsibility to bill all TPL.

Medicaid Billing Choices

School Districts have two options:

1. Bill all claims including TPL for Medicaid beneficiaries.
2. Do not bill Medicaid for any Medicaid beneficiary.

Sequential Billing

File all claims and wait for the EOB approximately two to four weeks.

- Valid Denial from insurance company.
 - A denial must be for non-coverage, not a claim filing error or request of information.
- Explanation of Benefits (EOB)
 - Must be kept on file
 - Do not attach copies of EOBs to the original claim
- All Documentation must be kept on file

Definition of an Explanation of Benefits (EOB)

- It is an official statement from an insurance company explaining the benefits have either been approved for payment or denied.
- EOBs must be maintained in the student's Medicaid file or in a separate financial file.
- EOBs must be available for the annual Medicaid Review and must be maintained for 5 years.

TPL Medicaid Health Insurance Referral Form

When the student's insurance information has lapsed or changed, contact SCDHHS using the HIIRF form.

Listed below are the instructions.

Provider's Information:

- Provider or Department Name
- Provider ID or NPI number
- Contact Person – school district staff
- Phone number
- Date

TPL - HIRF Form, Section I

Section I:

- Add Insurance for the Medicaid Beneficiary:
- Beneficiary's Name and Date the Referral was Completed
- Medicaid ID
- Policy Number
- Insurance Co. Name
- Group Number
- Insureds Name
- Employers Name
- Insureds SSN

TPL - HIRF Form, Section II

- Section II:
- Changes to the Insurance Records in MMIS
 - Check the appropriate box (a-e).
- Next Steps:
 - Attach a copy of the denial stating the coverage has lapsed.
 - A sample of the HIRF form can be found in the TPL Supplement Third Party Liability under sample forms. The following link:
<https://www.scdhhs.gov/internet/pdf/manuals/tpl%20supplement.pdf>

Medicaid Health Insurance Information Referral Form



**SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
MEDICAID HEALTH INSURANCE INFORMATION REFERRAL FORM**

Provider or Department Name: _____ Provider ID or NPI: _____
 Contact Person: _____ Phone #: _____ Date: _____

I ADD INSURANCE FOR A MEDICAID BENEFICIARY WITH NO INSURANCE IN THE MEDICAID MANAGEMENT INFORMATION SYSTEM (MMIS) – ALLOW 28 DAYS

Beneficiary Name: _____ Date Referral Completed: _____
 Medicaid ID#: _____ Policy Number: _____
 Insurance Company Name: _____ Group Number: _____
 Insured's Name: _____ Insured SSN: _____
 Employer's Name/Address: _____

II CHANGES TO AN INSURANCE RECORD THAT IS IN THE MMIS – MIVS SHALL WORK WITHIN 5 DAYS

_____ a. beneficiary has never been covered by the policy – close insurance.
 _____ b. beneficiary coverage ended - terminate coverage (date) _____
 _____ c. subscriber coverage lapsed - terminate coverage (date) _____
 _____ d. subscriber changed plans under employer - new carrier is _____
 _____ - new policy number is: _____
 _____ e. beneficiary to add to insurance already in MMIS for subscriber or other family member.
 (name) _____

ATTACH A COPY OF THE APPROPRIATE DOCUMENTATION TO THIS FORM.
 Submit this information to Medicaid Insurance Verification Services (MIVS).
 Fax: 803-252-0870 or Mail: Post Office Box 101110
 Columbia, SC 29211-9804

III NEW POLICY NUMBERS FOR INSURANCE IN THE MMIS WITH THE SUBSCRIBER SSN
 (SCDHHS is collecting new unique policy numbers and plans to replace existing insurance records through MMIS online modification as computer resources are available.)

Medicaid Beneficiary ID: _____ SSN: _____
 Carrier Name/Code: _____ New Unique Policy Number: _____

Submit this information to South Carolina Department of Health and Human Services (SCDHHS).
 Fax: 803-255-8225 or Mail: Post Office Box 8206, Attention TPL
 Columbia, SC 29202-8206



Definition of a Clean Claim

A clean claim is a claim that is edit and error free that passes through a claim system yielding a benefit without denial or edit.

Follow-Up Response on a TPL Claim

- When the school district has not received a response from the insurance company within 30 days, the school district should contact the insurance company.
- If the insurance company request additional information, the school district must submit additional information.
- The school district should confirm that all requested information has been received.
- Allow **30 days** from the date of the request for the claim to cycle through the Insurance Companies system.
- Document each and every interaction with the TPL Company.
- Follow – up with a written request to every response.



TPL Next Steps – Reasonable Effort

If a response has not been received within two weeks from the insurance company, the following steps should be followed:

- Call the TPL customer service department to determine the status of the claim.
- Document the call
- Refile the claim, and stamp the claim as “Third Submission”.
- If a response has not been received after the third attempt, file the claim to Medicaid along with the TPL documentation which now completes the reasonable effort documentation requirements.

[A sample of the Reasonable Effort Documentation form can be found online in the Third-Party Liability manual.](#)

SCDHHS Reasonable Effort Documentation



SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES REASONABLE EFFORT DOCUMENTATION

PROVIDER Acme Orthopedic DOS 01/01/10
NPI or MEDICAID PROVIDER ID 1234567890
MEDICAID BENEFICIARY NAME Jane Doe
MEDICAID BENEFICIARY ID# 1111111111
INSURANCE COMPANY NAME Jones Health Insurance
POLICYHOLDER Jane Doe
POLICY NUMBER 987654321J
ORIGINAL DATE FILED TO INSURANCE COMPANY 01/15/10
DATE OF FOLLOW UP ACTIVITY 02/16/10

RESULT:
Called insurer to check claim status. Insurer needs bene to fill out subrogation forms

FURTHER ACTION TAKEN:

Called beneficiary on 02/16/10, 02/18/10, and 02/28/10. No answer and no answering machine. No other contact info on file w/ Medicaid or insurer.

DATE OF SECOND FOLLOW UP 03/05/10

RESULT:

Sent certified letter offering to help bene fill out forms. Bene refused letter. Called insurer 8/10/08; they will not act without forms.

I HAVE EXHAUSTED ALL OPTIONS FOR OBTAINING A PAYMENT OR SUFFICIENT RESPONSE FROM THE PRIMARY INSURER.

Mary Orthoped 05/12/10
(SIGNATURE AND DATE)

ATTACH A COPY OF FORM TO A NEW CLAIM AND FORWARD TO YOUR MEDICAID CLAIMS PROCESSING POST OFFICE BOX.

SCDHHS Reasonable Effort Documentation Form Instructions

Reasonable Effort Documentation Filing Instructions:

- All fields are required and must be completed.
- The school districts must provide the claim status information in the Results section and Further Action Taken section on the form.
- Sign and date the form prior to submission of the claim.



Insurance Commissioner Information

When the school districts have not received a response after several attempts, they may contact the Insurance Commissioner as a reference of last resort. Follow these steps:

- Write a letter to the Insurance Commissioner citing the history of TPL claim and copy the TPL Company.
- Mail a copy of the letter to:

South Carolina Department of Insurance

Consumer Affairs

Suite 1000

1201 Main Street

Columbia, SC 29201

Billing Medicaid after TPL

After you have received payments or denials from the Primary and/or Secondary Carrier, the school districts may bill Medicaid.

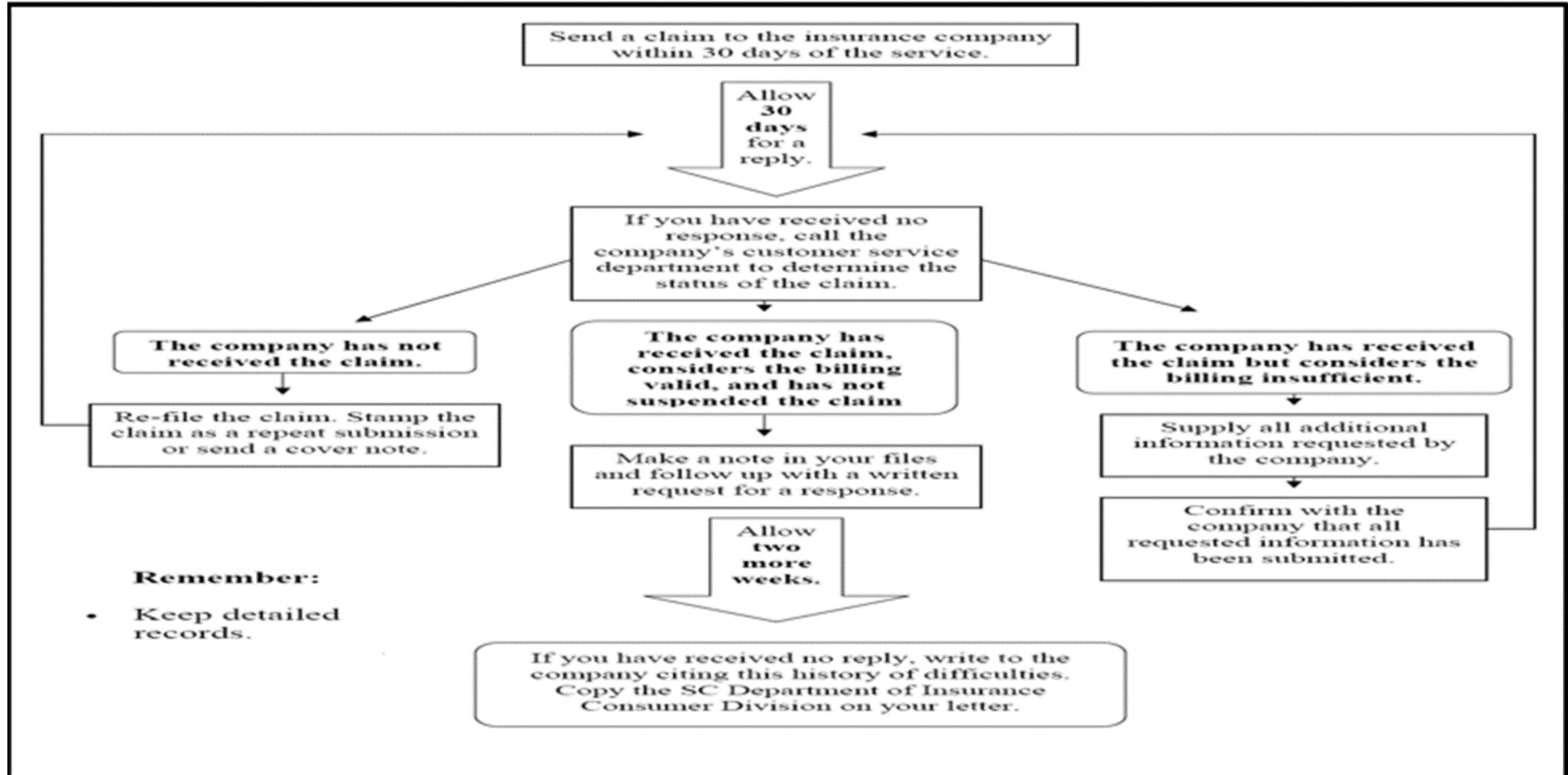
Instructions on how to fill out a CMS 1500 Form:

- Primary TPL Carrier information goes in field 9a, 9c, 9d, and 10d.
 - ✓ Insured's (Parent/student) policy number 9a
 - ✓ Payment amount or 0.00 in field 9c
 - ✓ Carrier Code of the Primary Carrier 9d
 - ✓ Denial Indicator in field 10d

Billing Medicaid after TPL Continued

- Secondary TPL Carrier information goes in field 11, 11b, 11c, and 10d.
 - ✓ Insured's (Parent/student) policy number in field number 11
 - ✓ Payment amount or 0.00 in field number 11b
 - ✓ Carrier Code of Secondary TPL Carrier in field number 11c
 - ✓ Denial Indicator in field 10d
- The total paid by both the Primary and Secondary TPL Carrier goes in field 29.
- The patient's responsibility goes in field 30.

TPL Billing Flow Chart



Medicaid Edit Codes



TPL Edits

- 150 TPL Coverage Verified/Not on Claim
- 151 Multiple Insurance Policies Not all Filed
- 155 Not positive insurance match/Other Errors
- 156 TPL Verified/filing not indicated on claim
- 165 TPL Balance due patient responsibility must be present
- 316 TPL code not valid

TPL Edits Continued

- 390 Edit TPL Payment amount not numeric
- 400 TPL carrier and policy number not present
- 401 Amount of other sources/ No TPL Carrier Code
- 557 Carrier payments must equal other source payments
- 690 Other Sources Amount more than Medicaid amount
- 732 Payer ID Number not on file
- 733 Ins. Info coded, payment or denial missing

Setting Up a Medicaid TPL File

How to Set Up a TPL File for Review

The TPL Medicaid File should include the following:

- A copy of the Eligibility Verification of the student being reviewed
- A copy of the provider of service professional license (SCLLR)
- A copy of the EOB or a denial of coverage letter
- A RBHS file must include the MCO Credentialing information

SCDHHS Training Opportunities

SCDHHS provides FREE Provider Workshops

The workshops include, but are not limited to:

- Medicaid Basics
- Comprehensive Web Tool
- Overview of Third Party Liability
- Overview of Claim-level Adjustments

[Use this link to access Medicaid Provider Education online](#)

OR Call 1 (888) 289-0709 and select option 1.

Questions?

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