THIRD PARTY LIABILITY – IDENTIFYING LIABLE RESOURCES

Expansion of descriptions of procedures and methodologies listed Third Party Liability – Payment of Claims associated to Cost Saving Programs in Attachment 4.22-B(b) of the State Plan.

433.138(d)(1) &(d)(3) (IV-A); (Exchange of Data)

(1) The Welfare Division has an Interagency Agreement with—Nevada obtains information for the purpose of determining the legal liability of third parties from data exchanges with the Department of Employment, Training and Rehabilitation, Employment Security Division (ESD), Title IV-4 Agency, Title IV-D Agency, Commercial Insurance Carriers, Referrals, Health Insurance Premium Program (HIPP), Third Party Liability (TPL) Reviews and from the diagnosis and trauma code edits for a data match. in Bendex tape format. The tape matches names and SSNs of Medicaid recipients with records from ESD. At the time of application for assistance, a match is done automatically. on a daily tape and information is available to the Eligibility Certification Specialist (ECS) on the computer screen. After the initial match has occurred, the ECS is alerted with output only if there is a change. This includes any changes for previously unmatched applicants. The Division also receives quarterly wage reports from ESD for matched recipients.

The Division of Welfare and Supportive Services (DWSS) is the State IV-A agency for .-All-employment information. Employment information is utilized to determine Medicaid eligibility and employment third party liability (TPL). information is sent to Medicaid's fiscal agent (FA) for input into the TPL master file. The State's TPL management team updates and populates the data into the Medicaid Management Information System (MMIS).

The State of Nevada Department of Personnel conducts an exchange of data with the states TPL management team. A match of all Medicaid eligibles with responsible absent parent (IV-D) or parent (IV-A) by Social Security Number to determine if they are employed by the state of Nevada.

Support Enforcement (IV-D) has an automated quarterly match with ESD's quarterly wage report and can obtain information upon request. IV-D will follow up on court ordered health insurance or will seek a court order on employed non-custodial parents. TPL information is obtained through data match of majority insurers foron court ordered health insurance to be populated into MMIS.is sent to Medicaid's FA for input into the TPL master file.

433.138(d)(4) and 433.138 (g)(3)(i) and (iii) (Workers Compensation and Motor Vehicle)

DWSS oversees initial application through single point entry system for Medicaid applications, applicants self-report through a form process; documentation requirement.

TN No.: 95 0918-015 Approval Date: February 14, 1997 Effective Date: July 1, 1995 October 1, 2018

Supersedes

TN No.: 82-2295-09

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Worker's Compensation and Motor Vehicle information is not available through Nevada's Department Motor Vehicle and Public Safety.

The DHCFP TPL management is responsible for review and submission of injury accident questionnaires for worker compensation and vehicle accidents. Claims which edit for trauma codes are referred to the Fiscal Agent (FA) Subrogation Unit for follow-up if the billed amount of the claim is greater than the tolerance level. The claim is reviewed to determine the possibility of other liable parties for claim payment. Managed Care Organizations and the Dental Benefit Administrator are required to data mine Medicaid enrollees through identifying potential casualty claims. The Division has an agreement with the State Industrial Insurance System (SHS) to tape match Medicaid recipients by name and SSN against the open SHS claims file. A quarterly report of matched Medicaid recipients and open SHS claims was sent to Medicaid's FA for follow up by the TPL Unit until SHS inadvertently omitted the production of this report during a major data processing system conversion. The Division has requested re establishment of this report.

The claim is reviewed to determine if the nature of the trauma is one which warrants follow-up (e.g., a broken leg as a result of a fall in individual's own home versus a traffic accident). If an investigation is not in process or probable liability has not been established at the time the claim was filed, the investigator will begin research to determine if a probable third party is liable. If TPL is not established within 60 days, the claim is processed for payment.

The Department of Motor Vehicles and Public Safety (DMV&PS) has a computerized system containing information of individuals involved in accidents, associated injuries for Nevada Highway Patrol reported accidents only. No medical insurance coverage information is reported. (A copy of the letter from DMV&PS is attached.)

433.138(e) (Diagnosis and Trauma Edits)

The Medicaid claims processing system on a per claim basis edits were updated to reflect new International Classification of Diseases (ICD) codes for ICD 9 codes 800 through 999 and E series trauma codes with the following exceptions:

The TPL management team reviews to determine if the nature of the trauma is one which warrants follow-up (e.g., a broken leg as a result of a fall in individual's own home versus a traffic accident). If an investigation is not in process or probable liability has not been established at the time the claim was filed, the investigator will begin research to determine if a probable third party is liable. If TPL is not established within 60 days, the claim is processed for payment.

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900 919.5	covers insect bites and splinters
921.3	contusion of eye base
930	eye-related trauma
931 939.9	foreign body, ear, nose, face, scalp, neck
942.22	-covers blisters
944.20	covers epidermal blisters
946.2	blisters epidermia
E950 958.8	- suicide
960 979.9	poison by psychotropic agent, medicines
989.5	- snake bite
990-995.89	radiation sickness, motion sickness, frost bite
996 998.9	unspecified and not classified elsewhere
999.8	transfusion reaction

As of 2016, the Centers for Medicare & Medicaid Services (CMS) no longer specifies codes for follow up or reviews. CMS approved State Medicaid Agency (SMA) exemptions of specific codes from none productive trauma code recovery. The exceptions are the unproductive trauma codes Nevada elected to exempt from the list identified in Medicaid Regional Memorandum 93–130.

433.138(g) (1) (i) and (g) (2) (i)

Follow-up procedures for identifying legally liable third-party resources:

Within 45 days from application, redetermination, or anytime TPL is discovered,; the Division of Welfare and Supportive Services (DWSS) collects verifies TPL coverage, and incorporates the information into the eligibility case file. and sends the TPL information to Medicaid's FA. The FA inputs the information into the TPL master file weekly to trigger edits for claims processing. The eligibility case file is shared with the DHCFP and used to update MMIS to be used for medical claims adjudication. TPL data is identified, verified and recorded into the MMIS monthly and used to cost avoid claims, as well as for pay and chase recoveries of claim overpayments.

433.138(g) (3) (i) and (iii)

(1) N/A: The information is not available through Nevada's Department of Motor Vehicles and Public Safety.

433.138(g) (4) (i) through (iii)

Claims which edit for ICD 9 Trauma Codes 800 through 999 and E Series with the exceptions listed in paragraph (1) above are referred to the FA Subrogation Unit for follow up if the billed amount of the claim is greater than the tolerance level. The claim is reviewed to determine if the nature of the trauma is one which warrants follow-up (e.g., a broken leg as a result of a fall in individual's own home versus a traffic accident). If an investigation is not in process or probable liability has not been established at the time the claim was filed, the investigator will begin research to determine if a probable third party is liable. If TPL is not established within 60 days, the claim is processed for payment.

433.138(g)(2)(i)(& (ii)

Upon discovery of a liable third party, post payment recovery is sought within 60 days or in the case of extensive legal actions, a lien is filed to protect the State's rights and recoupment of medical payments are sought.

Information regarding probable liability and subrogation is forwarded to the Division DWSS monthly through a secured HIPAA compliant system. ECS unless the iInformation iswas received from the ECS, maintained in a secured file by the Fiscal Agent third party recovery unit and/or third-party vendor for subrogation cases, and incorporated into the Medicaid and CHIP third-party data base for

claims processing.

The tolerance levels for suspension or termination of recovery efforts are identified in Third Party Liability, Attachment 4.22-B.

TN No.: <u>95-0918-015</u> Approval Date: <u>February 14, 1997</u> Effective Date: <u>July 1, 1995October 1, 2018</u>

Supersedes

TN No.: <u>82-22</u>95-09