

THIRD PARTY LIABILITY – IDENTIFYING LIABLE RESOURCES

Expansion of Third Party Liability – Payment of Claims associated to Cost Saving Programs in Attachment 4.22-B of the State Plan.

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

- (1) 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-A 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. At the time of application for assistance, a match is done automatically.

The Division of Welfare and Supportive Services (DWSS) is the State IV-A agency for employment information. Employment information is utilized to determine Medicaid eligibility and employment TPL. 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 for court ordered health insurance to be populated into MMIS.

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.

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Worker's Compensation and the Department of Motor Vehicles and Public Safety (DMV&PS) 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 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 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:

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.

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.

433.138(g) (1) (i) Follow-up procedures for identifying legally liable third-party resources:  
and (g) (2) (i)

Within 45 days from application, redetermination, or anytime TPL is discovered, the DWSS collects TPL coverage and incorporates the information into the eligibility case file. 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)(2)(i) & (ii) Upon discovery of a liable third party, post payment recovery is sought within 60 days or in the case of 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 DWSS monthly through a secured HIPAA compliant system. Information is maintained in a secured file by the Fiscal Agent third party recovery unit and/or third-party vendor for subrogation case audits 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.