Third-Party Liability (TPL)

This MITS Bits is specific to BH provider types 84 and 95.

Through working with the Behavioral Health Integration Task Force, ODM understands there are concerns regarding coordination of benefits and third-party liability (TPL) policies for Medicaid recipients. Federal regulation established in 42 CFR 433 Subpart D includes very specific requirements for state Medicaid agencies related to coordination of benefits and TPL.

Prior to Behavioral Health (BH) Redesign, community behavioral health centers (CBHCs) certified by the Ohio Department of Mental Health and Addiction Services were restricted to a small set of service codes. BH Redesign implemented new services for individuals with high intensity service and support needs which are expected to improve health outcomes through better care coordination. The expanded code set for billing Medicaid BH services helps to achieve alignment with national coding standards. The result of this work is a much larger, more comprehensive list of billing codes available to CBHCs of approximately 80 codes (not including codes for medications, vaccines, and laboratory testing). Many of these newly implemented codes are covered by Medicare and third-party payers.

ODM is working to bring efficiencies to the existing TPL process and is currently looking for opportunities for improvement. We have included CBHC and managed care plan (MCP) representatives in a workgroup to review the process and to make recommendations for improvement. Additional resources are being developed and will be shared with CBHCs soon. Until then, please review the following information to improve claims processing when TPL is present.

TPL By-Pass List

The BH Redesign website includes the list of codes that CBHCs never have to bill to traditional Medicare or a third-party payer. At http://bh.medicaid.ohio.gov/manuals under Billing and IT Resources, you will find an Excel spreadsheet listing the codes that are billable to Medicare based on the rendering practitioner, codes that are never billed to Medicare, and codes that never have to be billed to a third-party payer. All Medicaid MCPs are following the ODM policy guidance described in this document.

Tips for TPL Claims Processing

- When validating third party coverage, use the individual's payer (MCP or fee-for-service) to review TPL information. If the individual is enrolled in a Medicaid MCP, as the payer, the MCP processes claims and maintains TPL information for that member. In this case, providers will work with MCPs to confirm or remove any TPL information. If the individual is not enrolled in a Medicaid MCP, providers should look to MITS for TPL information. We do not recommend cross-checking the MCP's system with MITS for TPL.

- If a claim is denied due to an individual having third party resources, per OAC 5160-26-09.01 the MCP is required to share TPL information with the provider in a timely manner including: insurance company name; insurance company billing address for claims; member's group number; member's policy number; and policy holder name.

- If a claim is denied by a third-party payer, include relevant information with your claim submission to MCPs or in MITS.

- When a claim is submitted to a third-party payer and the provider receives no response, a provider may send documentation of the attempts made to collect from the third-party payer to the MCP or ODM, as applicable. (see Ohio Administrative Code Rules 5160-1-08 for FFS claims and 5160-26-09.1 for MCP claims).

- To ensure outdated TPL information is updated as quickly as possible, provide any third-party payer information you have available to an MCP (EOB/EOP, screenshot from third-party payer, denial notice, etc.). The MCP will use this information to validate TPL and update the individual's file as appropriate. If the claim is for FFS Medicaid, complete and submit the ODM Form 6614 available online at: https://www.medicaid.ohio.gov/Portals/0/Resources/Publications/Forms/ODM06614fillx.pdf. The form and supporting documentation can be faxed to 614-728-0757.

- Each MCP has a secure provider portal where providers may access third-party insurer information for their members. If there are concerns related to TPL, contact the MCP's provider hotline.

Aetna	1-855-364-0974
Buckeye	1-866-296-8731
CareSource	1-800-488-0134
Molina	1-855-322-4079
Paramount	1-419-887-2564
United	1-800-600-9007
Medicaid FFS	1-614-752-5768

270/271 Transaction in FFS

Authorized Trading Partners may submit the EDI 270 Eligibility Inquiry transaction to ODM in either a batch or in real-time. ODM will then provide the 271 Eligibility Response transaction. If the Medicaid recipient has third party coverage known to MITS, the information will be returned on the 271 Eligibility Response in the 2115C Subscriber Eligibility or Benefit Additional Information and 2120C Subscriber Benefit Related Entity Name loops. At a minimum, the payer name and payer identification number will be provided.

Providers can use the Authorized Trading Partner list found at: https://medicaid.ohio.gov/Provider/Billing/TradingPartners/AuthorizedTradingPartners as a resource. There is a list specific to the 270/271 transaction but many of the other trading partners listed also support the 270/271 transaction. It would be beneficial for providers to contact several entities to compare pricing and services.

MCPs may offer similar processes for batch inquiries and providers should contact each plan to ask about options for TPL inquiries.