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<b>Medicare-Medicaid Plan (MMP) Dual Demonstration Program – Third Party Liability and Recovery (TPL/TPR) Lag Report Instructions</b>		<b>September 1, 2016</b>	
		<b>Version 2.1</b>	

**DOCUMENT HISTORY LOG**

<b>STATUS<sup>1</sup></b>	<b>DOCUMENT REVISION<sup>2</sup></b>	<b>EFFECTIVE DATE</b>	<b>DESCRIPTION<sup>3</sup></b>
Baseline	2.0	February 28, 2015	Initial version Uniform Managed Care Manual Chapter 5.3.4.4 Medicare-Medicaid Plan (MMP) Dual Demonstration Program Third Party Recovery Report Instructions.  This applies only to MMPs in the Dual Demonstration, also known as the Integrated Care Pilot Project. While this Program combines STAR+PLUS and Medicare, these instructions do not apply to the regular STAR+PLUS Program.
Revision	2.1	September 1, 2016	“Instructions for TPL/TPR Lag Report” is modified to clarify that avoided and recovered claims should be reported for the month of avoidance or recovery and to update the reporting category “Cost Avoidance – Denied Claims”

<sup>1</sup> Status should be represented as “Baseline” for initial issuances, “Revision” for changes to the Baseline version, and “Cancellation” for withdrawn versions  
<sup>2</sup> Revisions should be numbered according to the version of the issuance and sequential numbering of the revision—e.g., “1.2” refers to the first version of the document and the second revision.  
<sup>3</sup> Brief description of the changes to the document made in the revision.



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## Applicability of Chapter 5.3.4.4

Chapter 5.3.4.4 provides the instructions necessary to complete the Medicaid-Medicare Plans Third Party Liability and Recovery (TPL/TPR) Lag Report and the Data Certification Form in Chapter 5.3.4.3.

This chapter applies to Managed Care Organizations (MCOs) participating in the Texas Dual Eligibles Integrated Care Demonstration (the Medicare-Medicaid Project, Dual Demo, or MMP) “The term “MCO” may include health maintenance organizations (HMOs), exclusive provider organizations (EPOs), insurers, Dental Contractors, Medicare-Medicaid Plans (MMPs), and any other entities licensed or approved by the Texas Department of Insurance.

## Instructions for the Third Party Liability and Recovery Lag Report

### General Instructions:

1. The TPL/TPR Lag Report must be submitted quarterly.
2. The TPL/TPR Lag Report must be completed using the Microsoft Excel template provided by HHSC. Data integrity is critical to the automated compilation of the data. **NOTE:** Do not alter the file except to add columns for additional months denied/recovered. Please note that some columns may be hidden; unhide those as they are needed for data input.
3. All shaded data fields in the TPL/TPR Lag Report represent fields where data input is required. All data fields not shaded represent cell referenced data or calculations.
4. The TPR provisions regarding allowable attorney fees and expenses may be found at 1 Texas Administrative Code §354.2332.
5. MCOs must report any changes to other insurance for Medicaid Members by contacting Texas Medicaid Health Care Partnership (TMHP) at 1-800-846-7307.

Instructions for  
TPL/TPR Lag  
Report  
modified by  
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**Instructions for Completing Specific Data Fields:**

**Complete the header on each page:**

**Contractor:** The vendor’s official name in Texas, e.g., Superior  
**Service Area:** For example, Bexar, Travis, etc.  
**Program:** For Example, STAR, CHIP  
**State Fiscal Year:** For example, 2015  
**Quarter:** For example, Q1, Q2, etc.  
**Date Submitted:** Month, day and year, e.g., 12/30/2014

The Third Party Liability and Recovery Report must include the amount of recovered and avoided claims for the month of recovery and avoidance.

The amount of recovered claims and avoided claims is reported by month of recovery or avoidance. For purposes of this report, avoided/recovery month and incurred month are the same. This includes recoveries and avoidance amounts for current and prior fiscal years. Enter the recovery and avoided amounts in the appropriate labeled section.

**Cost Avoidance and Direct Savings (Recovery) reporting categories:**

- **Cost Avoidance – Denied Claims** – This category should include all cost avoided amounts from claims denied because other insurance was identified. Enter the cost avoided amount in the month the claim was adjudicated. Note: This number is the actual paid amount that was denied by the MCO and represents what Medicaid would have paid.
- **Cost Avoidance - Other Insurance Credits** – This category should include those credits from other insurers applied to the initial claim received from the provider.
- **Total Cost Avoidance** – The total cost avoidance is calculated by embedded formulas which sum the Cost Avoidance categories: Denied Claims and Other Insurance Credits
- **Direct Savings - Other Insurance Refunds and Recoupments** – This category should include amounts received from other insurance carriers for



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post payment insurance recoveries. Enter the recovery amount by month of recovery.

- **Direct Savings - Provider Refunds and Recoupments** – This category should include amounts received from or recovered from providers due to a payment by other insurance. Enter the recovery amount by month of recovery.
- **Direct Savings - Tort and Subrogation Settlements** – This category should include amounts received from settlements; net of any allowable contingency fees, attorney’s fees, recovery costs, etc. Enter the total recovery for those cases by month of recovery.
- **Total Direct Savings** – The total direct savings is calculated by embedded formulas that sum the Direct Savings categories: Other Insurance Refunds and Recoupments, Provider Refunds and Recoupments, and Tort and Subrogation Settlements.

## Instructions for the Data Certification Form

### General Instructions:

1. The Data Certification Form must be submitted with the TPL/TPR Lag Reports, and it must be signed by the CEO/Administrator, CFO, or a Delegated Representative who is a direct report to the CEO or CFO.
2. Certification of certain financial data is a Federal requirement as of SFY 2004. The Data Certification Form is generic in order to apply to different financial reports.

### Instructions for Completing Specific Data Fields:

Data Field 1: Enter the name of the MCO

Data Field 2: Enter the MCO’s Plan Code.

Data Field 3: File or document name; i.e., STAR Third Party Liability and Recovery Lag Report for Quarter X, 20XX.



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Data Field 4: Submission Date to HHSC.

Data Field 5: Type or print the name and title of the person signing the Certification (CEO/Administrator, CFO, or a Delegated Representative who is a direct report to the CEO or CFO).

Data Field 6: Enter the date the form is signed.

Data Field 7: Signature