

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Tennessee

4.22 - Third Party Liability

Citation

- (1) 433.138 Data exchanges between State agencies (single State agency, IVA, IVD and SWICA to identify Medicaid recipients and where possible, absent or custodial parents that are employed, their employer and wage information) are performed during the application or redetermination period and at least on a quarterly basis.
- (d)(1) and
(d)(3)
- Tapes to initiate data matches are submitted monthly to the IRS for newly approved individuals. The entire caseload is matched against IRS files once a year. An agreement with IRS specifies when the match will be run.
- After individuals are approved for assistance, their SSN is accreted to files sent to SSA for matching against the SSA wage and earnings files. All recipients will be matched at least once, but generally four times, during the year. SSA determines when the matches will be run.
- (d)(4) A data match follow up request with the State's Department of Safety accident report files on November 29, 1989 revealed that there is currently no data element by which a match could successfully occur. The motor vehicle accident records are computerized but the only data elements are the date of the accident, a sequentially assigned case number, and an index number established to find the microfiche record. There is no potential for a data match with Medicaid files at this time.
- (e) Paid claims with a trauma diagnosis and/or accident/employer related treatment reported by the provider are identified monthly.
- (2) 433.138 The TPL unit receives insurance information from the Department of Human Services who performs the SWICA, SSA wage and benefit, and title IV-A data exchanges and processes the insurance information to the fiscal agent for input into the MMIS. The TPL data are entered within 60 days of initial receipt.
- (g)(1)(i)

TN No. 90-6

Supersedes

Approval Date

MAY 30 1990

Effective Date

4-1-90

TN No. 87-37

HCFA ID: 1010P/0012P

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third party upon request, and updated immediately prior to settlement. Should Medicaid's potential recovery be less than the total subrogation interest, the case is referred to the State office of the Attorney General for a compromise determination. Pursuant to TCA 20-13-103, only the Attorney General, with approval of the Governor and the Comptroller, has authority to compromise and settle a debt due the State. Additionally, the right of subrogation by the state to the recipient's right to recovery shall be subject to ordinary and reasonable attorney fees.

The State Agency will identify annually through analysis of dollars recovered those trauma codes that yield the highest third party collections.

D1020110

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: TENNESSEESTATE LAWS REQUIRING THIRD PARTIES TO PROVIDE COVERAGE
ELIGIBILITY AND CLAIMS DATA

Citation

1902(a)(25)(I) The State has in effect laws which require third parties to comply with the provisions, including those which require third parties to provide the State with coverage, eligibility and claims data, of 1902(a)(25)(I) of the Social Security Act.

TN No.: 07-005

Supersedes

TN No.: NEW

Approval Date: 10/05/07

Effective Date: 07/01/07

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Citation

433.139
(b)(ii)(c)

A claims cost avoidance system as outlined in 42 CFR 433.139 is utilized. All claims, except those listed below, will be cost avoided based on available insurance resource information. No threshold amount will be employed in conjunction with the cost avoidance method in processing claims.

The exceptions to the cost avoidance method are EPSDT, prenatal or preventive pediatric care, and all claims covered by absent parent maintained insurance under Part D of Title IV of the Act. Each exception shall have a \$25.00 threshold before the State pursues reimbursement from a third party resource.

433.139
(f)(2) & (3)

When an absent parent is ordered by the court to provide health insurance, but the insurance is not in effect, the State Agency shall initiate recovery action through the absent parent after quarterly paid claims exceed \$300.00.

Pursuant to a waiver renewal from HCFA, Region IV, pharmacy claims will be accumulated on a quarterly basis for direct filing to the third party carrier. Recovery will be pursued when the accumulated quarterly pharmacy claims for a recipient with prescription coverage equals or exceeds a \$25.00 threshold.

The State Agency will pursue recovery on certain trauma diagnosis and employment related claims at the time a liable third party is verified. All related claims (except pharmacy claims) will be submitted to the identified third party.

The State Agency will pursue health insurance recovery from a provider or third party carrier on Inpatient Hospital, Outpatient Hospital and Physician claims where the Medicaid payment exceeds \$25.00 per claim. Recovery from a recipient is initiated when Medicaid's recovery will exceed \$25.00.

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TN No. 89-1

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447.20

Medical assistance benefits shall be coordinated with third party resources and reimbursement shall not be made for services which would have been reimbursable by the third party except for failure to adhere to the third party's requirements. Additionally, if the liability of the third party exceeds the amount payable under the state plan, the provider may not seek collection from the individual.

D1030110

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