REV – SSA Report Procedure

Purpose: The purpose of Social Security Administration (SSA) report, S474T207, is to obtain and authenticate third party liability coverage of a Medicaid member to cost avoid claims submitted to the Iowa Medicaid Enterprise (IME) where third party liability exists for a Medicaid member. Revenue Collections has the responsibility to keep the Medical Management Information Systems (MMIS) Third Party Liability (TPL) Resource File updated to determine the payment and denials of all Medicaid claims involving members who have another primary insurance.

Identification of Roles:

IME Core Unit
IME Core Unit emails SSA report, S474T207, to Revenue Collections TPL Team leads, Operations Manager and Account Manager.

Revenue Collections
SSA reports are moved out of e-mail and saved onto Revenue Collections IME Universal share drive.

Performance Standards: 6.6.2.3
a. Deposit all TPL recovery amounts within two (2) business days and post/apply all denial information within sixty (60) business days of receipt.
b. Initiate follow-up activities on unpaid post payment carrier billings within ninety (90) business days.
c. Complete the verification or validation of any TPL leads received at the IME including any leads related to the MCO population; update the MMIS TPL Subsystem with the data within sixty (60) business days of receiving the lead.
d. Ensure accuracy of TPL data in MMIS TPL Subsystem based on the monthly quality assurance audit of the sample data. The quality assurance audit should consist of a one (1) percent sample of all new policies added or termed policies deleted for the prior month.
e. Report to the Department all third-party health insurance coverage information for Medicaid members within ten (10) business days of the end of each month.
f. Respond to MCO carrier code data requests within two (2) business days.

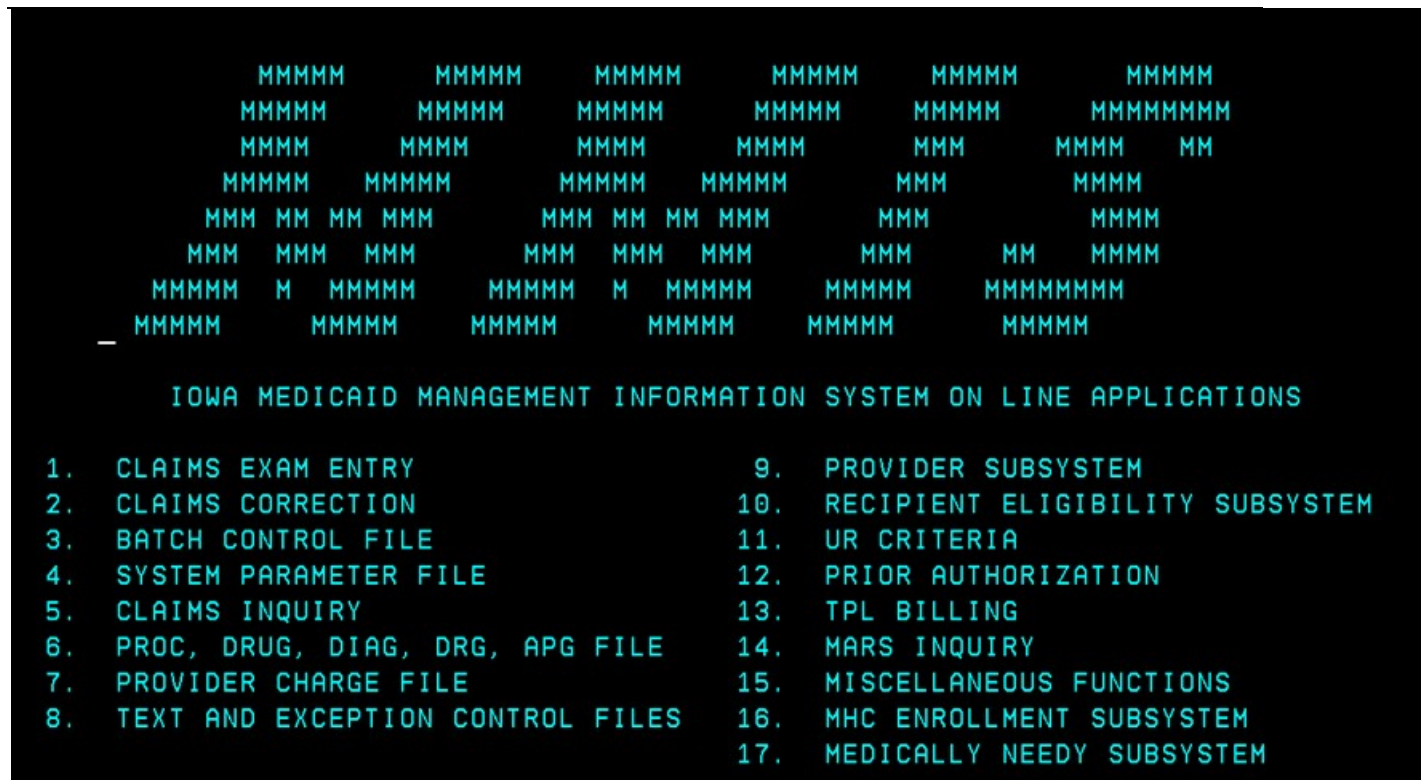## Path of Business Procedure:
Step 1.   SSA report, S474T207, is received by Revenue Collections Team leads and Operations Manager via e-mail from IME OnBase

Step 2.   The Team leads sort the report eliminating duplicates, and those members that do not have insurance listed.

Step 3.   The modified SSA report is sent to the Revenue Collections Universal Share Drive to a folder called, TPL Reference. Within the TPL Reference folder are subfolders for each verification specialist. Each verification specialist folder has a subfolder marked SSA spreadsheet.

Step 4.   The verification specialist works the SSA spreadsheet related to the TPL activity reported on the SSA report. Verifications are completed in various ways with the insurance carrier. This includes utilizing a carrier's website, calling the customer service staff or faxing the request. In all cases our verifiers are requesting:

- Unique Policy Number
- Effective Date
- Termination date(if any)
- Coverage types such as Medical, Dental, Vision, Pharmacy etc.
- Group number
- Claims address

Step 5.   When the SSA report has been completed, the verification specialist will e-mail the Team Lead.

Step 6.   The Team Lead will review the verification specialist work for quality assurance.

Forms/Reports:
Adding TPL Coverage or Changing Termination Dates in the MMIS TPL Resource File: See next page

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      IOWA MEDICAID MANAGEMENT INFORMATION SYSTEM ON LINE APPLICATIONS

 1.   CLAIMS EXAM ENTRY                  9.   PROVIDER SUBSYSTEM
 2.   CLAIMS CORRECTION                 10.   RECIPIENT ELIGIBILITY SUBSYSTEM
 3.   BATCH CONTROL FILE                11.   UR CRITERIA
 4.   SYSTEM PARAMETER FILE             12.   PRIOR AUTHORIZATION
 5.   CLAIMS INQUIRY                    13.   TPL BILLING
 6.   PROC, DRUG, DIAG, DRG, APG FILE   14.   MARS INQUIRY
 7.   PROVIDER CHARGE FILE              15.   MISCELLANEOUS FUNCTIONS
 8.   TEXT AND EXCEPTION CONTROL FILES  16.   MHC ENROLLMENT SUBSYSTEM
                                        17.   MEDICALLY NEEDY SUBSYSTEM
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a) From the main MMIS screen, select option #10, Member eligibility Subsystem
b) Under TPL Resource File type:
   1. Action Code: C (change)
   2. Action Code: A (add)
   3. Member ID: The member State Medicaid ID
c) Press Enter
d) If policy is being added, enter "2" in the VER-IND Field and populate screen with verified policy information.

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05/11/15                    TPL RESOURCE DISPLAY SCREEN                    INQUIRY
                 RECIP ID: 1817122D     SSN: 483236214    SEX: F
NAME: MILLER           SAMANTHA               BIRTH: 0107 1995   DEATH:
 PGM: 645                    COUNTY: 07   LAST-TRANS: 011315       USER: 99999
----------------------- THIRD PARTY LIABILITY -----------------------
    01 +   VER-IND: 2 VERIFIED Y  DT-ADD: 070197  ONL-UPD: 052512   USER: 99999
DATE-POL-VERIFIED: 070197   1ST-CORRES-SENT:        BATCH-UPDATED: 011713
POL-NUM: 485826267                         CARRIER: H02899          RETRO:
COV-BEGIN: 020508    COV-END: 011613        DELTA DENTAL OF NJ
COVER-TYPE: 15              RELATION: 4
HIPP: I      POL-TYPE: G  CASE:
POLICY HOLDER   SSN: 485826267              PO BOX 222
    NAME: MILLER        RONALD              PARSIPPANY        NJ   070540000
                                            (800) 834-8883
  GROUP NUMBER:              BIN:             PCN:              GRP:
  4644-7990                               AB PARENT IND:      SSN:
  GROUP NAME && ADDRESS                   NAME:
                                          ADDR:



   COMMENTS: HIPP FILE  01/17/13
            041612 ADD GRP#, VER REP ACTIVE KSD
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a) To update carrier policy information, first find the applicable screen. In many cases a member will have multiple TPL screens and the verifier must use the F1 key to scroll until the correct TPL screen is located.
b) Tab to all pertinent fields adding the updated information.
c) Once the TPL screen has been modified tab to the Comments section and make a note of the date the file was modified, "VER" = verified, then active or termed, whether verified by website, customer representative or fax, then add verifiers initials.

   NOTE: When entering or changing any information in the TPL file Revenue Collections will add the relation code if it is blank. This includes Termed policies.

   1: Self
   2: Absent Parent
   3: Step-Parent
   4: Parent
   5: Spouse
   6: Brother/Sister
   7: Aunt/Uncle
   8: Grandparent
   9: Legal-Guardian

Termination – Older Coverage

Term Date – If policy termed over 3 years ago, and the exact term date cannot be easily identified, term it to 3 years and 1 day ago.

RFP References: N/A

Interfaces: CORE

Attachments: N/A

Acronyms:

TPL – *Third Party Liability*

IME – *Iowa Medicaid Enterprise*

MMIS – *Medicaid Management Information System*

SSA – *Social Security Administration*

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