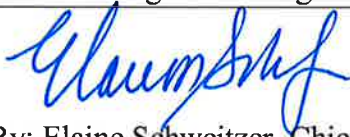




CORPORATE POLICY & PROCEDURE

Policy Name: Third Party Liability Recovery Guidebook	
Department: Finance	Policy Number: F18
Version: 6	Creation Date: 9/29/2014
Revised Date: 12/14/16, 5/16/19, 7/16/19	Review Date: 12/15/16, 1/16/20
Line of Business: <input type="checkbox"/> All <input checked="" type="checkbox"/> Umpqua Health Alliance <input type="checkbox"/> Umpqua Health Management <input type="checkbox"/> Umpqua Health - Newton Creek <input type="checkbox"/> Physician eHealth Services <input type="checkbox"/> UHA Community Activities <input type="checkbox"/> Umpqua Health Network <input type="checkbox"/> Professional Coding and Billing Services <input type="checkbox"/> ACE Network	
Signature: 	
Approved By: Elaine Schweitzer, Chief Financial Officer	Date: 1/23/20

POLICY STATEMENT

Umpqua Health Alliance (UHA) is committed to a third party liability (TPL) process that is robust and comprehensive and meets all State and Federal requirements and contractual requirements as stated in the Coordinated Care Organization (CCO) Contract, Exhibit B, Part 8, Section 16 and 17.

PURPOSE

The purpose of this policy is to detail the processes that UHA utilizes in TPL investigations and Personal Injury Liens (PIL).

RESPONSIBILITY

Finance, Third Party Recovery (TPR)

DEFINITIONS

Coordinated Care Organization (CCO) - A corporation, governmental agency, public corporation, or other legal entity that is certified as meeting the criteria adopted by the Authority under Oregon Revised Statutes (ORS) 414.625 to be accountable for care management and to provide integrated and coordinated health care for each of the organization's members.

Coordination of Benefits (COB) - A provision in a contract that applies when a person is covered under more than one medical program. It requires that payment of benefits be coordinated by all programs to eliminate over-insurance or duplication of benefits.

Department of Human Services (Department or DHS) - The agency established in ORS Chapter 409, including such divisions, programs and offices as may be established therein.

Encounter Data - Encounter claims data that is required to be submitted to OHA under Oregon Administrative Rules (OAR) 410-141-3430.



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Liability Insurance - Insurance that provides payment based on legal liability for injuries or illness. It includes, but is not limited to, automobile liability insurance, uninsured and underinsured motorist insurance, homeowner’s liability insurance, malpractice insurance, product liability insurance, Worker's Compensation, and general casualty insurance. It also includes payments under State wrongful death statutes that provide payment for medical damages.

Medicaid - A joint federal and state funded program for medical assistance established by Title XIX of the Social Security Act as amended and administered in Oregon by the Authority.

Medicare - A federally administered program offering health insurance benefits for persons aged 65 or older and certain other aged or disabled persons.

Member - An OHP client enrolled with a pre-paid health plan (PHP) or CCO.

Oregon Health Authority (OHA or Authority) - The agency established in ORS Chapter 413 that administers the funds for Titles XIX and XXI of the Social Security Act. It is the single state agency for the administration of the medical assistance program under ORS chapter 414. For purposes of these rules, the agencies under the Authority of OHA are the Public Health Division, Health Systems Division, External Relations, Health Policy and Analytics, Fiscal and Operations, Health System Division, Office of Equity and Inclusion, and the Oregon State Hospital.

Subcontractor - Any individual, entity, facility, or organization, other than a participating provider, that has entered into a subcontract with UHA or with any subcontractor for any portion of the work under the contract.

Subrogation - The right of the State to stand in place of the client in the collection of third party resources (TPR).

Third Party Liability (TPL), Third Party Resource (TPR), or Third Party Payer - A medical or financial resource that, under law, is available and applicable to pay for medical services and items for an Authority client.

Workers' Compensation (i.e. Workers’ Comp) - A form of accident insurance paid by employers. No payroll deductions are taken out of employees' salaries for this insurance. If you are injured on the job or acquire a work-related illness, Workers’ Comp will pay your medical expenses, and if you cannot work, it will also cover wage-loss compensation until you are able to return to work.

PROCEDURES



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Identification of Liable Party

1. The TPR Department seeks to identify any individual, entity, or program that is, or may be, liable to pay all or part of the medical cost of any medical assistance furnished to a member. TPL includes, but is not limited to:
 - a. Private (individual) health insurance;
 - b. Employment (group) health insurance;
 - c. Automobile insurance;
 - d. Worker's Compensation insurance;
 - e. Medicare A & B;
 - f. Homeowner's insurance; and/or
 - g. Claims, judgements, settlements or assignments of restitution.
2. UHA has the right as a Medicaid contractor to assert interest in any PIL of its members.

Identification Resources

1. There are multiple resources and infrastructures available to assist in the identification of members with TPL.
2. Those include, but are not limited to:
 - a. Providers and facilities;
 - b. Members;
 - c. Attorneys;
 - d. Insurance companies;
 - e. Claims Department;
 - f. Medical review personnel;
 - g. Unsolicited refunds;
 - h. Data Match applications;
 - i. OHA; and/or
 - j. Law enforcement.
3. UHA is committed to timely and thorough investigations of all TPL and PIL matters involving its members. Confirmation of TPL and PIL coverage is accomplished by directly contacting the legally responsible resource(s).
4. UHA will use their resources and infrastructure as fully permitted by law in order to complete investigations. The goal is to substantiate:
 - a. Insurance company address and phone number.
 - b. Subscriber (policy holder).
 - c. Identification and claims number.
 - d. Group number.
 - e. Effective date of coverage.
 - f. Pre-existing condition clause.



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- g. Determination of benefits (e.g. medical, vision, prescription carrier and prescription co-pays).
- h. Date of loss and nature of injuries for potential TPL claims; and
- i. Attorney representation.

Recovery Efforts

1. Timely system updates are critical to the UHA cost-avoidance endeavors as well as productive recovery efforts.
 - a. Update claims management software to reflect the primary TPL coverage particulars.
 - b. Update pharmacy management system to reflect select TPL coverage.
 - c. Review pertinent claims history and generate refund requests when indicated.
 - d. Adjudicate pended claims in accordance with standard coordination of benefits rules.
 - e. UHA takes all reasonable actions to pursue recovery of TPL for covered services provided during the contract period and up to 18 months from the claim paid date. Covered services not recovered by UHA, beyond 24 months will be recovered by OHA and reported in the Rate Development process.
2. UHA recognizes the need for accurate TPL reporting for internal and external purposes.

Requesting Lien Assignment

1. UHA must obtain a written lien assignment from OHA prior to any attempt to seeking reimbursement.
 - a. UHA must provide Office of Payment Accuracy and Recovery (OPAR) with Administrative Notice that a lien has been filed within 10 days.
 - b. UHA/Subrogation subcontractor request a lien assignment by completing the online request located at www.reportinjury.org. At a minimum they provide the following information, if known, when requesting a lien assignment:
 1. Contractors name.
 2. Members name and address.
 3. Date of injury to the member.
 4. Insurance or attorney information for either the member or liable party.
 5. Under comments of the online form, indicate "Request Lien Assignment".

Documentation, Reports, and Submissions

1. Submissions to OHA.



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- a. UHA shall annually provide OHA with its Third Party Liability Recovery (TPLR) Policy for review and approval. No later than January 31st or, upon renewal of the contract.
 - i. UHA will receive notification via Administrative Notice by OHA within 30 days of submission if the policy has been approved or denied.
- b. UHA/Subrogation subcontractor within five (5) business days after the end of each calendar month. Contractor shall provide the PIL Unit with a report of a list of all active PIL cases and a list of all PIL cases closed or terminated in a format identified by the PIL Unit. Monthly report shall include the following information:
 - i. Contractors name;
 - ii. All active liens/PIL cases;
 - iii. All liens that were closed or terminated in the subject month; and
 - iv. For all cases, all of the following information:
 1. The Member's name and Medicaid ID number.
 2. The date of the Member's injury.
 3. The amount of Contractor's lien.
 4. For all closed or terminated liens:
 - a. The date of any settlement or judgement, if known;
 - b. The gross amount of any settlement or judgement, if known;
 - c. The amount received from any liable third-party; and
 - d. Any other information that PIL may request.
- c. UHA will report all TPL and subrogation/lien recoveries to OHA. UHA shall provide OPAR with administrative notice of the resolution of any liens within thirty (30) days after such resolution has been made.
 - i. The administrative notice must include the following information:
 1. The amount of lien asserted;
 2. The amount received for the release of the lien; and
 3. The settlement amount received by the member (if known).
- d. UHA shall provide OHA with its Lien Release Template, via Administrative Notice to OHA's Contract Administrator annually no later than January 31st for review and approval.
 - i. OHA will review and approve the Lien Release template via Administrative Notice to UHA's Contract Administrator within 30 days of receipt.
- e. UHA shall provide OHA, via Administrative Notice, its TPLR P&P Guidebook annually no later than January 31st for review and approval.



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2. Notify DHS Health Insurance Group (HIG) within 14 days from the time it is discovered that a member has individual or group health insurance coverage online through www.reporttpl.org. Retaining the submission for our records.
3. Notify DHS Office of Payment Accuracy and Recovery PIL Unit within 14 days from the time it is discovered that a member has a TPL claim (e.g. Workers' Compensation or motor vehicle accident) online through www.reportinjury.org. Retaining the submission for our records.
4. UHA is responsible for documenting the following:
 - a. Maintaining an Excel spreadsheet to document the following:
 - i. Denoting all members identified with TPL or PIL.
 - ii. Recording all TPL or PIL recoveries received.
 - b. Recording investigations that do not result in recovery on the TPR Recovery spreadsheet and in the claims management system.
 - c. Provide monthly reports of all TPL and PIL recoveries and supporting documentation to the Finance Department by the fifth (5th) of each month.
 - i. The Finance Department will use the aforementioned documents to complete the Quarterly L Report they submit to OHA.
 - d. Developing, implementing, and/or maintaining written policies describing procedures for TPL recovery.
 - e. The Lien Release Template will be used when UHA's members may be entitled to seek recovery from a third party for injury or death. The template clearly states that UHA has the authority to resolve liens assigned to them but that UHA does not have the authority to act on behalf of the State beyond the assigned lien. subrogation contractor will issue this template on UHA's behalf to the member's attorney.

PIL and TPL Recovery Requirements

1. UHA and its subcontractors or agents will comply with all federal and state confidentiality requirements when engaging in TPL or PIL recovery actions. Providers will follow the Coordination of Benefits (COB) requirements as stated in the Compensation and Billing section of Provider contract. Providers are required to notify the HIG department of primary payers.
2. UHA and its subcontracts ensures covered services are not refused on the basis of a potential TPL payment for such services.
3. UHA acknowledges the importance of establishing PIL and TPL recovery requirements in accordance with the following State and Federal requirements:
 - a. UHA TPR will take all reasonable measures to ascertain the legal liability of third parties (42 USC § 1396(a)(25)(a)).



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- b. Assignment of rights to benefits and cooperation in obtaining medical support or payments (42 CFR § 433 Subpart D).
 - c. Addressing the processes set forth once a personal injury lien has begun. Accordingly, UHA contracts with an outside attorney firm who fully complies with the above noted regulations and statures in representing its interests (OAR 461-195-0301 to 461-195-0350).
 - d. Disenrollment from CCO and continuity of care (OAR 410-141-3080).
 - e. Process requirements for liens on a recipient's claim for damages for personal injuries (ORS 416.510 to 416.610).
 - f. For consistency with TPLR requirements as set forth in 42 USC 1396k. Assignment, enforcement and collection of rights of payments for medical care.
 - g. Medicaid not be considered in coverage eligibility determination. When a primary payer over Medicaid is available to utilize such coverage and the insurer may not deny a claim submitted by Medicaid agency or a prepaid managed care health services organization. ORS 743B.470. The State is considered to have acquired the rights of the individual to payment by any other party for those health care items or services ORS 743B.470(3).
 - h. Prohibitions and requirements relating to health insurance 659.830. The State is considered to have acquired the rights of the individual to payment by any other party for those health care items or services 659.830(3).
4. UHA maintains the right to determine when it is not effective to pursue recovery action. Such decisions will be made on a case-by-case basis by the UHA TPR Department. Generally, the only time recovery efforts are declined is on subrogated matters where the projected reclamation amount is less than \$20.00.
 5. UHA is committed to complying with 42 USC § 1395y(b) and 42 CFR Part 411, Subparts C-E which gives Medicare the right to recover its benefits from employer, Worker's Compensation carriers, liability insurers, automobile or no fault insurers, and employer group health plans before any other entity. UHA acknowledges in the event Medicare presents a TPL based recovery demand; UHA will fully comply with all applicable laws.
 6. The requirement to adjust encounter claims to reflect the amount received or recovered from the primary payer is followed in accordance with policy CA2 – Encounter Data Submission and Validation.

Department	Standard Operating Procedure Title	SOP Number	Effective Date	Version Number
Finance	Third Party Liability Recovery Process	SOP-F18	9/23/19	1
Finance	Coordination of Benefits /Personal Injury Liens	SOP-F18-2	10/8/19	1