

Requirements for Third Party Liability - Identifying Liable Resources

1. Frequency of data exchanges (42 CFR 433.138(f)):
 - a. SSA wage: Daily
 - b. State Wage Information Collection Agencies (SWICA): Quarterly
 - c. Commercial health insurance carriers: Monthly
 - d. Title IV-A: Quarterly
 - e. Workers compensation: Monthly for eligibility system and biannually for post-payment recovery
 - f. Motor vehicle: Monthly
 - g. Diagnosis and Trauma codes: Monthly

2. Timeliness of follow-up (42 CFR 433.138(g)(1)(i) and (g)(2)(i)):
 - a. SWICA & SSA Wage- 433.138(g)(1)(ii)

Upon receipt of wage file from interface, logic built into the eligibility system looks for a discrepancy and generates an alert when a discrepancy occurs. The eligibility worker has 45 days to take action in response to the alert including contacting the individual, verifying the information, updating the case and re-determining eligibility.
 - b. IV-A data exchange- 433.138(g)(1)(ii)

Ohio has integrated title IV-A and Medicaid programs into one omnibus system (Ohio Benefits). Any updates to income or insurance coverage in a title IV-A program may result in change in eligibility and TPL status in the Medicaid program. The information coming from Ohio Benefits is updated in the state's Medicaid payment system known as the Medicaid Information Technology System (MITS) under the TPL subsystem and TPL staff are able to view in MITS for cost avoidance and recovery purposes. All changes in title IV-A that would impact Medicaid eligibility are acted upon within 45 days by the eligibility worker.
 - c. Workers Compensation- 433.138(g)(2)

Upon receipt of wage file from interface, logic built into the eligibility system looks for a discrepancy and generates an alert when a discrepancy occurs. The eligibility worker has 30 days to take action in response to the alert including contacting the individual, verifying the information, updating the case and re-determining eligibility. No cost avoidance occurs with this data. The wage file is also sent to the third party post-payment recovery vendor. The vendor begins the post-payment recovery process within 60 days. The vendor maintains the TPL recovery records on their database.
 - d. Commercial Health Insurance Carriers- 433.138(g)(2)

Health insurers in Ohio are required by state statute to disclose private health care eligibility information on all insured Ohio residents on a monthly basis. The interface from private health care insurers occurs daily to MITS which sends this information simultaneously to our eligibility system. Eligibility workers have 30 days to verify the information, update the file and redetermine eligibility. Eligibility workers and providers can fax a paper form to report third party coverage. These forms are worked within 72 hours and are stored electronically in MITS by ODM staff. Cost avoidance is immediate through electronic edits in the MITS system. The health insurance information is also sent to a vendor to pursue post-payment recovery within 60 days of receipt. The vendor maintains the TPL recovery records on their database.

TN: 19-017

Supersedes

TN: 90-46, 08-021Approval Date 7/18/19Effective Date 07/01/2019

Requirements for Third Party Liability - Identifying Liable Resources, continued.

3. Follow through on motor vehicle data match- (42 CFR 433.138(g)(3)):

ODM has an agreement in place with Ohio Department of Public Safety to retrieve motor vehicles accident/injury data. ODM contracts with a vendor to identify and pursue paid claims that are indicative of trauma and injury as the result of a motor vehicle accident for the purposes of determining the legal liability of third parties. The vendor uses various algorithms to determine which recipients should be sent a trauma code mailer based on established cost effectiveness guidelines. The vendor begins the post-payment recovery process within seven days of determining a claim meets the trauma code criteria. The collection case file maintained by the vendor contains all information relevant to the post payment recovery. The vendor notifies the county eligibility office when a settlement has been received. Eligibility workers have 45 days to verify the information, update the file and redetermine eligibility.

4. Trauma diagnosis codes (433.138(g)(4)):

ODM contracts with a vendor to identify and pursue paid claims that are indicative of trauma, injury, poisoning or other external causes for the purposes of determining the legal liability of third parties. The vendor uses various algorithms to determine which recipients should be sent a trauma code mailer based on established cost effectiveness guidelines. The vendor begins the post-payment recovery process within seven days of determining a claim meets the trauma code criteria. The collection case file maintained by the vendor contains all information relevant to the post payment recovery. The vendor notifies the county eligibility office when a settlement has been received. Eligibility workers have 45 days to verify the information, update the file and redetermine eligibility.