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	<b>Version 2.5.1</b>	

### DOCUMENT HISTORY LOG

STATUS <sup>1</sup>	DOCUMENT REVISION <sup>2</sup>	EFFECTIVE DATE	DESCRIPTION <sup>3</sup>
Baseline	1.0	November 15, 2005	Initial version Uniform Managed Care Manual Chapter 5.3.4.2, Third Party Recovery Report Instructions
Revision	1.1	September 1, 2006	Chapter 5.3.4.2 is modified to provide clarification resulting from the implementation of the Joint Medicaid/CHIP HMO Contract.
Revision	1.2	January 1, 2007	Chapter 5.3.4.2 is modified to include instructions for submitting the Data Certification Form that accompanies the TPR Report.
Revision	1.3	September 15, 2009	Chapter 5.3.4.2 is modified to make the chapter applicable to the CHIP Dental Program.
Revision	1.4	June 10, 2011	Chapter 5.3.4.2 is modified to change the name of the chapter from "Third Party Recovery Report and Data Certification Instructions" to "Third Party Liability and Recovery (TPL/TPR) Lag Report Instructions" and to include the instructions for the updated TPL/TPR Lag Report.
Revision	2.0	March 1, 2012	Revision 2.0 applies to contracts issued as a result of HHSC RFP numbers 529-06-0293, 529-08-0001, 529-10-0020, 529-12-0002, and 529-12-0003.  Chapter 5.3.4.2 is modified to make the chapter applicable to the Dental Contractors providing Texas Medicaid and CHIP Dental Services.
Revision	2.1	October 15, 2014	Revision 2.1 applies to contracts issued as a result of HHSC RFP numbers 529-06-0293, 529-08-0001, 529-10-0020, 529-12-0002, 529-12-0003, and 529-13-0042; and to Medicare-Medicaid Plans (MMPs) in the Dual Demonstration.  "Applicability of Chapter 5.3.4.2" is modified to add the Medicare-Medicaid Dual Demonstration.
Revision	2.2	May 15, 2015	"Instructions for TPL/TPR Lag Report" is modified to clarify the Instructions for Completing Specific Data Fields.
Revision	2.3	June 29, 2015	Revision 2.3 applies to contracts issued as a result of HHSC RFP numbers 529-08-0001, 529-10-0020, 529-12-0002, 529-12-0003, 529-13-0042, and 529-15-0001.



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STATUS <sup>1</sup>	DOCUMENT REVISION <sup>2</sup>	EFFECTIVE DATE	DESCRIPTION <sup>3</sup>
			“Applicability of Chapter 5.3.4.2” is modified to remove the Medicare-Medicaid Dual Demonstration.
Revision	2.4	September 1, 2016	Revision 2.4 applies to contracts issued as a result of HHSC RFP numbers 529-08-0001, 529-10-0020, 529-12-0002, 529-12-0003, 529-13-0042, 529-13-0071, and 529-15-0001.  “Applicability of Chapter 5.3.4.2” is modified to add the STAR Kids Program.  “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”
Revision	2.5	December 20, 2019	Chapter title is modified from Third Party Liability and Recovery (TPL/TPR) Lag Report Instructions to Third Party Liability and Recoveries (TPL/TPR) Report Instructions.  “Instructions for the Third Party Liability and Recoveries (TPL/TPR) Report” section is modified to clarify the submission timeframe and instructions and remove the reference to attorney fees and expenses and info on where to report changes.  “Instructions for Completing Specific Data Fields” section for the report template is modified to delete the Service Area field, clarify the claims reported, update the reporting categories, and include OIG direction that MCOs are required to report Cost Avoidance by Medicaid allowable amount rather than the billed amount.  “Instructions for Submission” section was added.
Revision	2.5.1	March 27, 2020	Accessibility approved version.

<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 5.3.4.2**

Chapter 5.3.4.2 provides the instructions necessary to complete the Third Party Liability and Recoveries (TPL/TPR) Report and the Data Certification Form in Chapter 5.3.4.1.

This chapter applies to Managed Care Organizations (MCOs) participating in the STAR, STAR+PLUS, CHIP, STAR Kids, and STAR Health plans or Dental Contractors providing Texas Medicaid and CHIP Dental Services to members through dental health plans. In the chapter, references to “CHIP” or the “CHIP Managed Care Program(s)” apply to the CHIP Program and the CHIP Dental Contractors. References to “Medicaid” or the “Medicaid Managed Care Program(s)” apply to the STAR, STAR+PLUS, STAR Kids, and STAR Health Programs and the Medicaid Dental Contractors. The term “MCO” may include health maintenance organizations (HMOs), exclusive provider organizations (EPOs), insurers, Dental Contractors, and any other entities licensed or approved by the Texas Department of Insurance.

### **Instructions for the Third Party Liability and Recoveries Report**

#### General Instructions:

1. Each MCO must complete the applicable worksheets included in this report. Reports are due each state fiscal quarter by the last day of the month following the reporting period.
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. The TPL/TPR Report is divided into individual worksheets representing Program types.
3. The MCO will submit reporting for each plan code within a Program that it participates. For example, an MCO with multiple plan codes under the CHIP Program will report all plan code data in the CHIP worksheet (enter plan code number by column in row 11 of each worksheet). Data is required by plan code for each Program each state fiscal quarter even if there is no data to report for the particular plan code. For plan codes with no data to report, the MCO will enter a zero. Columns that do not require input by the MCO are locked. The “OIG TPR Use” Tab does not require input by the MCOs and is locked.
4. The MCOs are required to use the same worksheet each month continuously and submit the worksheet containing all months each quarter. The MCOs will



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submit Q1, Q2, Q3, and Q4 on the same report to retain historical information and calculation integrity.

### Instructions for Completing Specific Data Fields:

#### Complete the header on the first page:

**Contractor:** The MCO's official name in Texas (e.g., Superior)

**State Fiscal Year:** For example, 2011

**Quarter:** For example, Q1, Q2, etc.

**Date Submitted:** Month, day, and year (e.g., 12/30/2019)

The Third Party Liability and Recoveries (TPL/TPR) Report must include the amount of cost avoided (denied) claims for the month of avoidance.

Enter the avoided amounts in the appropriate labeled section.

The amount of cost avoided and recovered claims are reported by month of avoidance or recovery. For purposes of this report, avoided/recovery month and incurred month are the same. Enter the avoided and recovery 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 Medicaid allowable amount that was denied by the MCO and represents what Medicaid would have paid.
- **Other - Other Insurance Credits** – This category should include those credits from other insurers applied to the initial claim received from the provider.
- **Direct Savings - Insurance Recoveries**– This category should include amounts received from other insurance carriers for 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.



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- **Direct Savings - Tort Recoveries** – 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 Recoveries, Provider Refunds and Recoupments, and Tort Recoveries.

### Instructions for the Data Certification Form

#### General Instructions:

1. The Data Certification Form must be submitted with the TPL/TPR 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 state fiscal year 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 number(s).

Data Field 3: File or document name, (e.g., TPL/TPR Report for Quarter X, 20XX).

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

#### **Instructions for Submission**

MCOs must deliver the report to TxMedCentral and save the file to the appropriate DELIV folder using the naming convention outlined below. As part of the naming convention, the Deliverable code used for this report is TPR.

The structure of the naming convention is: XXX\_TPR\_QXXMMYY.



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XXX – 3 character MCO name

\_ - Underscore

TPR – TPR deliverable code

\_ - Underscore

Q – reporting period (quarterly)

XX – data-capturing period (quarters 01, 02, 03, 04)

MMYY – represents the two-digit month and last two digits of the year for the period covered in this Deliverable.