



**TEXAS**  
Health and Human  
Services

MANUAL	<b>HHSC UNIFORM MANAGED CARE MANUAL</b>	Chapter	5.3.4.4	PAGE	1 OF 5
CHAPTER TITLE	<b>Medicare-Medicaid Dual Demonstration Third Party Liability and Recoveries Report (Dual Demo TPL/TPR Report) Instructions</b>	EFFECTIVE DATE	<b>April 3, 2020</b>		
			<b>Version 2.2.1</b>		

### DOCUMENT HISTORY LOG

STATUS <sup>1</sup>	DOCUMENT REVISION <sup>2</sup>	EFFECTIVE DATE	DESCRIPTION <sup>3</sup>
Baseline	2.0	February 28, 2015	Initial version Uniform Managed Care Manual Chapter 5.3.4.4 Medicare-Medicaid Plan (MMP) Dual Demonstration Program Third Party Recovery Report Instructions.  This applies only to MMPs in the Dual Demonstration, also known as the Integrated Care Pilot Project. While this Program combines STAR+PLUS and Medicare, these instructions do not apply to the regular STAR+PLUS Program.
Revision	2.1	September 1, 2016	“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	2.2	December 1, 2019	Chapter is revised to reflect the title change in Chapter 5.3.4.3. Medicare-Medicaid Plan (MMP) Dual Demonstration Program - Third Party Liability and Recovery (TPL/TPR) Lag Report Instructions is changed to Medicare-Medicaid Dual Demonstration Third Party Liability and Recoveries Report (Dual Demo TPL/TPR Report) Instructions to correspond with the new title in Chapter 5.3.4.3.  Chapter modified to change current lag report format to an Excel spreadsheet format; therefore, instructions are modified to correspond with the new format.  Chapter modified to include OIG direction that the MCOs are required to report Cost Avoidance by the Medicaid allowable amount rather than the billed amount.  Chapter modified to include instructions for submission of the Dual Demo TPL/TPR Report and Data Certification Form. The destination folder and the Deliverable code have changed.
Revision	2.2.1	April 3, 2020	Accessibility approved version posted.

<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represented as “Baseline” for initial issuances, “Revision” for changes to the Baseline version, and “Cancellation” for withdrawn versions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.



MANUAL	<b>HHSC UNIFORM MANAGED CARE MANUAL</b>	Chapter	5.3.4.4	PAGE	2 OF 5
CHAPTER TITLE	<b>Medicare-Medicaid Dual Demonstration Third Party Liability and Recoveries Report (Dual Demo TPL/TPR Report) Instructions</b>	EFFECTIVE DATE	April 3, 2020		
			Version 2.2.1		

## Applicability of Chapter 5.3.4.4

Chapter 5.3.4.4 provides the instructions necessary to complete the Medicare-Medicaid Dual Demonstration Third Party Liability and Recoveries Report (Dual Demo TPL/TPR Report) and the Data Certification Form in Chapter 5.3.4.3.

This chapter applies to managed care organizations (MCOs) participating in the Texas Dual Eligibles Integrated Care Demonstration Program (referred to as the Medicare-Medicaid Project, Dual Demo, or MMP). The term “MCO” may include health maintenance organizations (HMOs), exclusive provider organizations (EPOs), insurers, Dental Contractors, Medicare-Medicaid Plans (MMPs), and any other entities licensed or approved by the Texas Department of Insurance.

## Instructions for the Medicare-Medicaid Dual Demonstration Third Party Liability and Recoveries Report (Dual Demo TPL/TPR Report)

### General Instructions:

1. A Dual Demo TPL/TPR Report is required for each state fiscal quarter. A complete and accurate report is due by the last day of the month following the end of each state fiscal quarter.
2. The Dual Demo TPL/TPR Report must be completed using the Microsoft Excel template located in UMCM Chapter 5.3.4.3.  
The Microsoft Excel template in UMCM Chapter 5.3.4.3 contains a “Medicaid TPL-TPR” tab and a “Medicare TPL-TPR” tab. The MCO must complete the forms within the tabs of the entitlement program(s) for which the MCO is providing services (i.e., Medicaid and/or Medicare). Within the forms of the Medicaid TPL-TPR tab and the Medicare TPL-TPR tab are individual reporting requirements for each plan code assigned to the MCO. Within the appropriate tab, the MCO must record each of its plan codes and then report specific data associated with each of these plan codes. For example, an MCO with multiple plan codes, reporting under the Medicaid TPL-TPR tab for Q1, must enter each of its plan code numbers in the designated columns in row 12, and include the corresponding data requested in rows 13, 15, and 17-20. For each month included in a state fiscal quarter, the MCO must include all plan codes and report all data requested. If a plan code has no data to report for a month or quarter, the MCO is required to enter a zero into all data fields for the reporting.



MANUAL	<b>HHSC UNIFORM MANAGED CARE MANUAL</b>	Chapter <b>5.3.4.4</b>	PAGE <b>3 OF 5</b>
CHAPTER TITLE	<b>Medicare-Medicaid Dual Demonstration Third Party Liability and Recoveries Report (Dual Demo TPL/TPR Report) Instructions</b>	EFFECTIVE DATE <b>April 3, 2020</b>	
		<b>Version 2.2.1</b>	

- Columns that do not require input by the MCO are locked. Additionally, the "OIG TPR Use" tab is locked, as it does not require input by the MCOs.
- In each Dual Demo TPL/TPR Report, the MCO must include all data reported in the previous Dual Demo TPL/TPR Reports of that SFY. For example, a MCO submitting a Q2 report for SFY 2020 must include the previously reported data for Q1 (including the cumulative and month-specific data). An MCO's Q4 report will include the data from 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 each page:

**Contractor:** The MCOs official name in Texas (e.g., Superior)  
**State Fiscal Year (SFY):** For example, 2020  
**Quarter:** For example, Q1, Q2, etc.  
**Date Submitted:** Submitted in the following format: two-digit month, two-digit day, and four-digit year (e.g., 12/30/2019)

#### Cost Avoidance, Other, and Direct Savings Data Fields:

- Cost Avoidance – Denied Claims** – This category must 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: The amount entered must be the Medicaid allowable amount that was denied by the MCO and represents what Medicaid would have paid.  
Enter the total dollar amount of the denied claims per plan code in the appropriate labeled section for each entitlement program.
- Other - Other Insurance Credits** – This category -must include those credits from other insurers applied to the initial claim received by the MCO from the provider.
- Direct Savings - Other Insurance Recoveries** – This category must include the amount received by the MCO from other insurance carriers for post



MANUAL	<b>HHSC UNIFORM MANAGED CARE MANUAL</b>	Chapter	5.3.4.4	PAGE	4 OF 5
CHAPTER TITLE	<b>Medicare-Medicaid Dual Demonstration Third Party Liability and Recoveries Report (Dual Demo TPL/TPR Report) Instructions</b>	EFFECTIVE DATE	April 3, 2020		
			Version 2.2.1		

payment insurance recoveries. Enter the recovery amount by month of recovery.

- **Direct Savings - Provider Refunds and Recoupments** – This category must include the amount received from or recovered from providers due to payment to providers by other insurance carriers. Enter the recovery amount by month of recovery.
- **Direct Savings - Tort Recoveries** – This category must include the amount 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. A Data Certification Form must be submitted with each Dual Demo TPL/TPR Report and 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: Document name (e.g., Dual Demo TPL/TPR Report for Quarter 3, 2020).

Data Field 4: Date of Submission provided in the following format: two-digit month, two-digit day, and four-digit year (e.g., 12/30/2019).



MANUAL	<b>HHSC UNIFORM MANAGED CARE MANUAL</b>	Chapter <b>5.3.4.4</b>	PAGE <b>5 OF 5</b>
CHAPTER TITLE	<b>Medicare-Medicaid Dual Demonstration Third Party Liability and Recoveries Report (Dual Demo TPL/TPR Report) Instructions</b>	EFFECTIVE DATE <b>April 3, 2020</b>	
		<b>Version 2.2.1</b>	

Data Field 5: Type or print the name and title (i.e., CEO/Administrator, CFO, or a Delegated Representative who is a direct report to the CEO or CFO) of the person signing the Data Certification Form.

Data Field 6: Enter the date the form is signed.

Data Field 7: Signature

**Instructions for Submission of the Dual Demo TPL/TPR Report**

MCOs must deliver the Dual Demo TPL/TPR Report to TxMedCentral and save the file to the MCO’s appropriate DELIV folder, using the naming convention outlined below. As part of the naming convention, the Deliverable code used for this report is MMP.

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

XXX – 3 character MCO name\_ - Underscore

MMP – MMP 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.