**DOCUMENT HISTORY LOG**

| **STATUS1** | **DOCUMENT**  **REVISION2** | **EFFECTIVE**  **DATE** | **DESCRIPTION3** |
| --- | --- | --- | --- |
| Baseline | 2.0 | January 17, 2020 | Initial version Uniform Managed Care Manual Chapter 5.3.4.10 "Third Party Recovery (TPR) Managed Care Recovery Payment Submission Instructions.  Version 2.0 applies to contracts issued as a result of HHSC RFP numbers 529-08-0001, 529-10-0020, 529-12-0002, 529-13-0042, 529-13-0071, 529-15-0001, HHS0002879 and the Medicare-Medicaid Plans in the Dual Demonstration. |
| Revision | 2.0.1 | June 1, 2020 | Accessibility approved version. |

**1** Status should be represented as “Baseline” for initial issuances, “Revision” for changes to the Baseline version, and “Cancellation” for withdrawn versions

2  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.

3 Brief description of the changes to the document made in the revision.

# Applicability of Chapter 5.3.4.10

This chapter applies to Managed Care Organizations (MCOs) participating in the CHIP, STAR, STAR+PLUS (including the Medicare-Medicaid Dual Demonstration), STAR Kids, and STAR Health Programs, Dental Contractors providing Children’s Medicaid Dental Services, and CHIP Dental Services (collectively referred to as “Programs”). The requirements in this chapter apply to all Programs. The term “MCO” includes 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.

# Purpose

The purpose of these procedures is to update the recipient and process for submitting recovery payments (tort and non-tort) collected by the MCOs and due to HHSC. All recovery payments previously sent to the Subrogation and Recovery office will be mailed to HHSC via TMHP as per the requirements stated in this chapter.

# Recovery Payment Submission Requirements

The MCO’s submission of a recovery payment requires that the MCO first send an email notification of the payment to TMHP and then mail the payment and the TPR Recovery Payment Form to TMHP. Specific instructions regarding email notification and payment submission are provided below in this chapter.

The information provided within the email, payment, and TPR Recovery Payment Form must be consistent. Any differences in the information provided will result in the payment being rejected and returned to the MCO. If a payment is rejected and returned to the MCO due to inconsistent information, the MCO must correct the inconsistencies, provide another email notification to TMHP and then submit the payment and the TPR Recovery Form within seven Days from the date of rejection. The MCOs must submit payments timely and accurately to avoid rejection.

For questions please contact Third Party Recoveries @ [TPL\_ManagedCare@hhsc.state.tx.us](mailto:TPL_ManagedCare@hhsc.state.tx.us)

# **Email Notification**

Prior to submitting a recovery payment, the MCO must send a notification email to TMHP at TPL\_Tort.Subrogation@tmhp.com. The MCO must provide the following information in the email, or in an attachment within the email, to TMHP:

1. MCO plan name that is forwarding payment;
2. Medicaid Client ID;
3. Date of Loss (tort) or Date of Service (non-tort);
4. Medicaid Paid Amount;
5. Check Amount to be sent; and
6. Check Number to be sent.

More than one payment may be included in an email notification to TMHP, provided that the email also includes the aforementioned information particular for each payment. Additionally, the MCO must mail TMHP a separate TPR Recovery Payment Form for each Member for each related payment.

# **Recovery Payment and TPR Recovery Payment Form**

The MCO must submit the recovery payment within seven Days of the email notification to TMHP. The MCO must submit the payment and the TPR Recovery Payment Form via first class mail to the following address:

Address: TMHP TPL-Tort Department   
 Attn: Tort Receivables  
 PO Box 202948  
 Austin, TX 78720-2948  
  
The payment must be made by company check, certified check, or cashier’s check made payable to “TMHP-Medicaid” and be accompanied by the TPL Payment Form found on page 4. The information on the TPR Recovery Payment Form must match the information provided in the email notification, as well as, the payment.

Third Party Recovery (TPR) Managed Care Recovery Payment Submission Form

Complete one form for each Member related to the payment being submitted.

Each form should include only the information specific to the check attached to it.

MCO Plan Name:

MCO Contact Information (Phone # or Email):

Medicaid Member’s ID:

Date of Loss (tort):

Date of Service (non-tort):

Medicaid Paid Amount: $

Third Party Contact Information:

Company Name:

Mailing Address:

Phone Number:

Amount of Check Submitted: $

Please make checks payable to “**TMHP-Medicaid**” and mail to the following address:

TMHP TPL-Tort Department

Attn: Tort Receivables

PO Box 202948

Austin, TX 78720-2948

\*\* Print this page only and attach to the payment.