

Third Party Liability

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Third Party Liability (TPL)

What is a TPL?

An individual, institution, corporation, or public/private agency that may be responsible for paying all or part of the medical costs of an applicant or recipient.

Who is the Third Party?

A third party may include health, accident, or hospital insurance; liability insurance, such as auto and homeowner's policies; industrial accident claims; court judgments; and a child's right to medical support from an absent parent.

How is the TPL used?

When TPL information becomes available to Medicaid, the Medicaid Identification Card will list any third party liability for any type of health care services for the patient. If the patient has a TPL, the name, policy number and group number are listed on the card below the patient's name. The provider must bill the listed TPL before billing Medicaid. Medicaid will pay after the TPL has paid. Medicaid is the payer of last resort.

What if the TPL information needs to be updated?

If the TPL listed on the Medicaid Card is incorrect or you receive new TPL information for a child, send an e-mail to

Tplchanges@utah.gov

TPL Entry In eRep

Things to Remember

- ✦ Enter the TPL information on the TPL workspace on the case site map to show that TPL has been addressed. TPL information must be entered into eRep even if there is no third party responsible for insurance.
- ✦ If there is third party insurance available that information is entered on the Medical Insurance workspace on the case site map.
- ✦ If Medicaid is approved and the child has a TPL, forward the TPL information to ORS using the email address TPLchanges@utah.gov. If you have copies of the insurance documents attach those to the e-mail.
- ✦ Narrate in eRep Notes to show that the TPL has been addressed and what actions were taken.
- ✦ If the child has third party information, set a 90 day task to check whether ORS processed the TPL referral and posted the TPL information for the child. Check the eFind “ORS Third Party Liabilities”. If TPL information has not been posted on eFind for the child by the 90th day, report this to ORS at ORS-TPL-Followup@utah.gov. Include eRep case number and PID number of customer in the e-mail.
- ✦ Do not require TPL information to complete an ex parte review. TPL information will be addressed in the notice of decision. If a change is reported update the information on the TPL and/or Medical Insurance workspace. If there has been a change in the TPL information send a referral to TPLchanges@utah.gov. Narrate all TPL actions in notes.



TPL Entry in eRep eRep Case Site Map – Medical Section

Select New TPL Enforcement

Third Party Liability Evidence

Date TPL last reviewed = Eligibility month or program start date for new cases. Date change is reported for ongoing cases.

Cooperating with TPL requirements = "Y"
Good Cause Verification = Pending
Dates = Eligibility month for FC and program start date for SA

Answer the other TPL questions as they apply to the child or children on the case.

New Medical Insurance Evidence

[New Medical Insurance](#) [Apply Changes](#) [Approve](#) [Reject](#)

Work In Progress

Changes made in this area will not affect eligibility or entitlement until they are applied.

List of new evidence and pending updates to active evidence.

Action	Succession ID	Evidence ID	Name	Start Date	End Date	Verification	Details
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List of pending removal instructions.

Action	Succession ID	Evidence ID	Name	Start Date	End Date	Verification	Details
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Select New Medical Insurance to add TPL details when a child is covered by other insurance.

On the Medical Evidence Screen enter the information for the other medical insurance held by the parent or other related party. The starred fields are required. Enter as much information as possible. For a new foster care case, use the eligibility month in the date fields. For a new subsidized adoption case, use the program start date in the date fields. When adding information to an existing case use the applicable dates.

New Medicaid Insurance Evidence Details

Policy Holder Details

*Policy Number:

If the policy holder is a case participant, please select from below.

Policy Holder Participant:

If the policy holder is not a case participant but is registered on the system, please select from below.

Policy Holder:

If the policy holder is not registered on the system, complete the policy holder details below.

First Name:	<input type="text"/>	Middle Name	<input type="text"/>
Last Name:	<input type="text"/>	Suffix	<input type="text"/>
Date Of Birth:	<input type="text"/>		
Street 1:	<input type="text"/>	Street 2	<input type="text"/>
Apt/Suite:	<input type="text"/>	City	<input type="text"/>
State:	<input type="text"/>	Zip Code	<input type="text"/>
County:	<input type="text"/>		
Phone Area Code:	<input type="text"/>	Phone Number	<input type="text"/>

Third Party Liability Section

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Insurance Company Details

If the insurance company is a case participant, please select from below.

Insurance Company Participant:

If the insurance company is not a case participant but is registered on the system, please select from below.

Insurance Company: **Insurance Company**

If the insurance company is not registered on the system, complete the insurance company details below.

Insurance Company Name:

Street 1:

Street 2:

Apt/Suite:

City:

State:

Zip Code:

County:

Phone Area Code:

Phone Number:

Policy Details

Medical Insurance Type:

Comprehensive/Limited:

*Policy Start Date:

Policy End Date:

Group Policy Details

Group Policy Number:

If the employer is a case participant, please select from below.

Employer Participant:

If the employer is not a case participant, complete the employer details below.

Employer Name:

Street 1:

Street 2:

Apt/Suite:

City:

State:

Zip Code:

County:

Phone Area Code:

Phone Number:

Evidence Dates

*Date of Change:

*Date Reported:

Date Verified:

End Date:

Actual Evidence:

Save

Save & New

Save & Add Coverage Details

Cancel

Click "Save & Add Coverage Details"

New Coverage Evidence

[New Coverage Evidence](#) [Apply Changes](#) [Approve](#) [Re](#)

Work In Progress
Changes made in this area will not affect eligibility or entitlement until they are applied.
List of new evidence and pending updates to active evidence.

Action	Succession ID	Evidence ID	Name	Start Date	End Date	Verification	Details
--------	---------------	-------------	------	------------	----------	--------------	---------

List of pending removal instructions.

Action	Succession ID	Evidence ID	Name	Start Date	End Date	Verification	Details
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Active Evidence

Select New Coverage Evidence

New Coverage Detail Evidence

Coverage Details

*Start Date: End Date:

Coverage Exhausted:

Voluntary Termination Reason:

Household Members Details

Household Members	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>

Add the coverage details and select the household members that the evidence applies to. "SAVE"