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CHAPTER TITLE Third Party Liability and Recovery (TPL/TPR) Lag Report Instructions	EFFECTIVE DATE September 1, 2016	
		Version 2.4

DOCUMENT HISTORY LOG

STATUS ¹	DOCUMENT REVISION ²	EFFECTIVE DATE	DESCRIPTION ³
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. "Applicability of Chapter 5.3.4.2" is modified to remove



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			the Medicare-Medicaid Dual Demonstration.
Revision	2.4	September 1, 2016	<p>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.</p> <p>“Applicability of Chapter 5.3.4.2” is modified to add the STAR Kids Program.</p> <p>“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”</p>
<p>¹ Status should be represented as “Baseline” for initial issuances, “Revision” for changes to the Baseline version, and “Cancellation” for withdrawn versions</p> <p>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.</p> <p>³ Brief description of the changes to the document made in the revision.</p>			



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Applicability of Chapter 5.3.4.2

Applicability modified by Versions 1.3, 1.4, 2.0, 2.1, 2.3, and 2.4

Chapter 5.3.4.2 provides the instructions necessary to complete the Third Party Liability and Recovery (TPL/TPR) Lag 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 Recovery Lag Report

Instructions for TPL/TPR Lag Report modified by Versions 1.4, 2.2, and 2.4

General Instructions:

1. The TPL/TPR Lag Report must be submitted quarterly.
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. **NOTE:** Do not alter the file except to add columns for additional months denied/recovered. Please note that some columns may be hidden; unhide those as they are needed for data input.
3. All shaded data fields in the TPL/TPR Lag Report represent fields where data input is required. All data fields not shaded represent cell referenced data or calculations.
4. The TPR provisions regarding allowable attorney fees and expenses may be found at 1 Texas Administrative Code §354.2332.
5. MCOs must report any changes to other insurance for Medicaid Members by contacting Texas Medicaid Health Care Partnership (TMHP) at 1-800-846-7307.



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Instructions for Completing Specific Data Fields:

Complete the header on the first page:

- Contractor:** The vendor’s official name in Texas, e.g., Superior
- Service Area:** For example, Bexar, Travis, etc.
- Program:** For Example, STAR, CHIP
- State Fiscal Year:** For example, 2011
- Quarter:** For example, Q1, Q2, etc.
- Date Submitted:** Month, day and year, e.g., 12/30/2014

The Third Party Liability and Recovery Report must include the amount of avoided claims for the month of avoidance.

Enter the avoided amounts in the appropriate labeled section. Within each section, the rows represent the months of service or incurred month, which is the month the service was provided, and the columns represent the months of avoidance, which is the actual month when the costs were avoided.

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. This includes recoveries for current and prior fiscal years. 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 actual paid amount that was denied by the MCO and represents what Medicaid would have paid.
- **Cost Avoidance - Other Insurance Credits** – This category should include those credits from other insurers applied to the initial claim received from the provider.
- **Total Cost Avoidance** – The total cost avoidance is calculated by embedded formulas which sum the Cost Avoidance categories: Denied Claims and Other Insurance Credits
- **Direct Savings - Other Insurance Refunds and Recoupments** – 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



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

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

Instructions for the Data Certification Form

General Instructions:

1. The Data Certification Form must be submitted with the TPL/TPR Lag 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 SFY 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.

Data Field 3: File or document name; i.e., STAR Third Party Liability and Recovery Lag 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 Data Certification Form added by Version 1.2 and modified by Version 1.4