Disclaimer

The information contained in this presentation was current at the time it was written. It was prepared as a tool to assist providers and is not intended to be all inclusive, grant rights, impose obligations, or function as a stand-alone document. Although every reasonable effort has been made to assure the accuracy of the information within the presentation, the ultimate responsibility for the maintenance of records lies with the provider of services.

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Overview

- Third-Party Liability (TPL)
- Member TPL Verification
- Billing TPL
- Federal TPL Waivers
- Additional Information
Third-Party Liability
Third-Party Liability (TPL)

• Third-party liability is when a resource, such as an entity, carrier, individual, or program, is or may be liable to pay all or part of a member's medical care for which Alaska Medicaid coverage is sought.

• The department will pay for a covered service, prescription drug, or supply only after the provider has made full use of any other third-party resources available.

• Before Alaska Medicaid will pay a claim, all payment amounts and or denials received from third party sources should be included on the claim and evidence of all payments must be attached to the claim.

• Claims that must be processed by one or more third-party resources are still subject to a 12-month timely filing requirement.
TPL Exceptions

Alaska Medicaid is the payer of last resort with few exceptions:

• Health care available to American Indians, Alaska Natives, and other beneficiaries of the United States Department of Health and Human Services, Indian Health Service, whether provided by the Indian Health Service or through tribal organizations funded in whole or in part by the Indian Health Service, is not a third-party resource and may be billed after Medicaid

• Services that have been granted a Federal TPL Waiver are exempt from TPL billing requirements
Member TPL Verification
How can I tell if a member has other coverage?

• Alaska Medicaid eligibility coupons and cards
  – Resource code / carrier code
• Automatic Voice Recognition (AVR) system
  – 855.329.8986 (toll-free)
• Look up the member’s eligibility information in Health Enterprise
  – [http://medicaidalaska.com](http://medicaidalaska.com)
• Provider Inquiry
  – 907.644.6800, option 1,2 or 800.770.5650 (toll-free), option 1,1,2
• You can review the specific carrier codes on [http://medicaidalaska.com](http://medicaidalaska.com) under Documentation>Documents & Forms>TPL Carrier Lookup
TPL Verification

TPL Carrier Lists can be found on http://medicaidalaska.com
- Documentation > Documents & Forms
- Select TPL Carrier Lookup
The TPL Carrier Code List is available from the Conduent website:
- http://medicaidalaska.com
- Documentation > Documents & Forms > TPL Carrier Lookup

- It is updated monthly
- This lookup is useful in conjunction with the member card or coupons to determine if there is another insurance carrier that should be billed prior to billing Alaska Medicaid
- A member’s TPL information will also be listed when performing an eligibility check on the Health Enterprise portal
If the member is covered under another government program, they will have one or more of these resource codes on their eligibility documents.

Resource Codes

<table>
<thead>
<tr>
<th>Government Agency Resource Codes</th>
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<tbody>
<tr>
<td><strong>G/H/J</strong></td>
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<td><strong>P</strong></td>
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## Carrier Code List Example

### TPL Carrier Sorted by Code

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<tr>
<th>CODE</th>
<th>NAME</th>
<th>ADDRESS</th>
<th>CITY</th>
<th>ST</th>
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<td>23</td>
<td>INSURANCE MANAGEMENT ADMINISTRATORS</td>
<td>P.O. BOX 71120</td>
<td>BOSSIER CITY, LA</td>
<td>71171</td>
<td>710-747-0577</td>
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<tr>
<td>42</td>
<td>UNITED EMPLOYEES BENEFIT TRUST</td>
<td>P.O. BOX 8110</td>
<td>TACOMA, WA</td>
<td>98418-0000</td>
<td>800-233-2449</td>
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<td>43</td>
<td>HOMELAND HEALTHCARE</td>
<td>P.O. BOX 3725</td>
<td>SEATTLE, WA</td>
<td>98124</td>
<td>800-493-4264</td>
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<tr>
<td>49</td>
<td>MUTUAL INSURANCE ADMINISTRATORS</td>
<td>P.O. BOX 43068</td>
<td>OKLAHOMA CITY, OK</td>
<td>73195-3006</td>
<td>800-825-3648</td>
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<td>GROUP HEALTH/SON &amp; WELLNESS TRUST</td>
<td>201 QUEEN ANNE AVE. #100</td>
<td>SEATTLE</td>
<td>98109</td>
<td>800-226-7820</td>
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<td>ALLSTATE INSURANCE COMPANY</td>
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<td>75085-0000</td>
<td>800-997-7099</td>
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<td>66</td>
<td>HEALTH FIRST</td>
<td>29 BROADWAY 8TH FLOOR</td>
<td>NEW YORK, NY</td>
<td>10004</td>
<td>800-801-1000</td>
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<td>65</td>
<td>SAMWA HEALTH BENEFIT PLAN</td>
<td>11301 OLD GEORGETOWN ROAD</td>
<td>ROCKVILLE</td>
<td>20852</td>
<td>800-639-6688</td>
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<td>67</td>
<td>EMPIRE STATE CARPENTERS WELFARE FUND</td>
<td>1561 BROADWAY SUITE 1720</td>
<td>NEW YORK, NY</td>
<td>10006</td>
<td>631-852-7090</td>
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<td>MIDDLETOWN</td>
<td>P.O. BOX 1129</td>
<td>NEWARK, OH</td>
<td>43068</td>
<td>800-486-6426</td>
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<td>74</td>
<td>AMERICAN ADMINISTRATIVE GROUP</td>
<td>P.O. BOX 627</td>
<td>LISLE, IL</td>
<td>60532-0500</td>
<td>800-323-1726</td>
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<td>80</td>
<td>EBAAN</td>
<td>P.O. BOX 6070</td>
<td>VILLAGE, CA</td>
<td>91508-0000</td>
<td>800-248-6446</td>
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<td>18</td>
<td>NATL ASSURANCE UNDERWRITERS</td>
<td>2301 DELTA TRAIL SOUTH</td>
<td>EARTH CITY, MO</td>
<td>31045-0000</td>
<td>314-291-1156</td>
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<td>SRC INSURANCE SERVICES, INC.</td>
<td>P.O. BOX 23759</td>
<td>COLUMBIA, SC</td>
<td>29224-0000</td>
<td>888-772-9562</td>
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<td>2D</td>
<td>UNITED AGRICULTURAL BENEFIT TRUST</td>
<td>94 CORPORATE PARK</td>
<td>IRVINE, CA</td>
<td>92605</td>
<td>800-223-4508</td>
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<td>CONDECO SENIOR HEALTH INS. COMPANY</td>
<td>P.O. BOX 1918</td>
<td>CARMDL, IN</td>
<td>46992</td>
<td>317-517-6100</td>
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<td>2H</td>
<td>KAISER PERMANENTE CLAIMS</td>
<td>600 NE MULTNOMAH SUITE 100</td>
<td>PORTLAND</td>
<td>OR 97232</td>
<td>503-441-1221</td>
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<td>2P</td>
<td>SELECT BENEFIT ADMINISTRATORS</td>
<td>P.O. BOX 440</td>
<td>ASHLAND, WI</td>
<td>64906-0000</td>
<td>800-497-3699</td>
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<td>2W</td>
<td>AHC - WELS VEBA GROUP HEALTH</td>
<td>P.O. BOX 681</td>
<td>BROOKFIELD, WI</td>
<td>53008-0814</td>
<td>414-356-3860</td>
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<td>34</td>
<td>INTERMOUNTAIN HEALTH CARE</td>
<td>P.O. BOX 11670</td>
<td>SALT LAKE CITY, UT</td>
<td>84147-0000</td>
<td>800-538-6208</td>
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<td>3C</td>
<td>WILTON ADJUSTMENT SERVICES</td>
<td>P.O. BOX 92200</td>
<td>ANCHORAGE, AK</td>
<td>99509</td>
<td>800-276-3311</td>
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<td>3P</td>
<td>GOLDEN RULE INSURANCE COMPANY</td>
<td>7400 WOODLAND DR, #GOLD RULE</td>
<td>INDIANAPOLIS</td>
<td>46276-0000</td>
<td>317-297-4189</td>
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<td>3M</td>
<td>FOREST OIL CORP GROUP MED &amp; DENT</td>
<td>9000 EAST NICHOLS AVE., #125</td>
<td>CENTENNIAL, CO</td>
<td>80112-9000</td>
<td>800-742-4722</td>
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<td>3B</td>
<td>BENEFIT ADMINISTRATIVE SYSTEMS (BAG)</td>
<td>17475 JOVANNA DRIVE SUITE 1B</td>
<td>HOMESTEAD</td>
<td>40000</td>
<td>800-623-0962</td>
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<td>35</td>
<td>BOILERSMAKERS</td>
<td>P.O. BOX 8969</td>
<td>SCRANTON, PA</td>
<td>18905</td>
<td>800-243-6444</td>
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TPL Spans in Health Enterprise
TPL Spans in Health Enterprise

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<tr>
<th>Carrier ID</th>
<th>Carrier Name</th>
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<th>Carrier Phone</th>
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<td>5000112</td>
<td>AETNA</td>
<td>P.O. BOX 14089, LEXINGTON, KY 405120000</td>
<td>888-632-3862</td>
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<td>5000195</td>
<td>AETNA PHARMACY CLAIMS</td>
<td>P.O. BOX 14024, LEXINGTON, KY 405120000</td>
<td>800-238-6279</td>
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<td>10/31/2014</td>
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1 of 2

Eligibility Confirmation

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<tr>
<td>Service Date From: 01/01/2014</td>
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<tr>
<td>Service Date To: 03/01/2014</td>
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<td>Eligibility Trace Number: 30823371</td>
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Choose a Different Member
Billing TPL
All claims should be filed using the TPL hierarchy.
Billing Third-Party Liability

• All third-party payments received for Alaska Medicaid covered services must be applied against the service charges when billed
  – Payments must be listed on the claim submitted to Alaska Medicaid
    • Attach all applicable TPL Explanation of Benefits (EOB) to the claim form
  • The resulting reimbursement for covered services will be the amount remaining after the TPL payment(s) is deducted from the Alaska Medicaid allowable amount
• Providers will not be reimbursed by Alaska Medicaid when payment from a third-party payer is equal to or greater than the maximum allowable Medicaid payment amount for that service
Billing Third-Party Liability (cont.)

- If the HCPCS coding manual indicates that a code is not covered by Medicare, providers are not required to bill Medicare before billing Medicaid
  - Providers must still bill any other third-party coverage that a member may have
- In most cases, even if the provider knows that a TPL carrier will deny a claim, they must still bill that carrier before billing Alaska Medicaid
  - Providers must attach the denial EOB from the other insurance company
Third-Party Liability Avoidance

Alaska Medicaid is in the process of implementing a TPL avoidance (TPLA) process for certain services which allows providers to bill Alaska Medicaid without first billing a third-party.

• Providers will be able to submit a TPLA request if the service(s) being billed is recurring and will never be covered by the third-party.

• Providers must complete a request using the *Alaska Medicaid TPL-Avoidance Request* form
  – [http://manuals.medicaidalaska.com/docs/forms.htm](http://manuals.medicaidalaska.com/docs/forms.htm)
  – Attach a copy of the benefit booklet page(s) – instead of an EOB – to the request
  – The benefit booklet page(s) must specify the patient’s benefit plan name and indicate that the service being billed to Alaska Medicaid is not covered by the TPL

• Several behavioral health codes for services not typically covered by third party payers have been added to a preliminary TPLA code list.
VA, Medicare, and Medicaid

If a patient is eligible for VA or Medicare benefits in addition to Medicaid benefits:

- All VA and Medicare benefits must be exhausted before billing Alaska Medicaid
- If the service was denied by the VA or Medicare or the service is not normally covered, submit valid documentation of non-coverage from the VA or Medicare when billing Alaska Medicaid
  - Valid documentation may include:
    - EOB showing denied service
    - Documentation showing proof of non-covered service, such as a benefit description or applicable fee schedule equivalent
- Alaska Medicaid may pay for Medicare co-pays and deductibles if a member is assigned Alaska Medicaid eligibility code 67, QMB-only, or 69, Dual APA/QMB
- All other Medicare-related eligibility codes are related to Medicare premiums only and do not apply to incurred medical expenses
- To be reimbursed for co-pays and/or deductibles, the Medicare remittance advice listing the co-pay/deductible obligations must be attached to the claim
Dual Eligible - VA and Medicare

An Alaska Medicaid member who is eligible for both VA and Medicare can choose either as the primary resource depending on the service(s) received.

- Medicare pays for Medicare-covered services
- Veterans’ Affairs pays for VA-authorized, military service-related conditions

• Medicare may never be a secondary payer to the VA
• To bill VA, the services must be performed at a VA facility or pre-authorized by the VA to be rendered in a non-VA facility

• Be sure to bill the VA and Medicare for the appropriate services when a member has both VA and Medicare eligibility
  - Generally, both resources can’t be billed, for the same services, even for partial payment; either resource may never supplement the other for a service.
    • *Exception:* If VA authorizes services in a non-VA hospital, but didn’t authorize all associated services during the stay, then Medicare may pay for Medicare-covered services the VA didn’t authorize
If a member has any type of TRICARE eligibility in addition to Medicaid:

- Providers may not refuse services to a member eligible for Alaska Medicaid because they are also eligible for TRICARE
- Providers must bill TRICARE before billing Alaska Medicaid
- Providers must be enrolled with TRICARE
  - Contact TRICARE (West Region) Provider Enrollment
    UnitedHealthcare Military & Veterans
    Provider Services 877.988.9378 or www.uhcmilitarywest.com
- TRICARE services are subject to proper care referrals and/or prior authorization
  - Referral and/or prior authorization requirements are dependent on member’s TRICARE enrollment type: Prime, Prime Remote, Standard, Extra, TRICARE for Life, Pharmacy, or Dental
When billing Alaska Medicaid after TRICARE:

- Attach a copy of the TRICARE EOB or payment voucher to the claim
- Members may be billed for any Alaska Medicaid co-pay, if applicable
- Providers may NOT bill members for TRICARE deductible or co-payment
- Alaska Medicaid will pay no more than the lower of the:
  - TRICARE allowed amount
  - Alaska Medicaid allowed amount
Dual Eligible - TRICARE and Medicare

If a member is eligible for TRICARE and Medicare benefits:

• Medicare should be billed first for all Medicare-covered services
• TRICARE will pay the Medicare co-pay and deductible and any services that were not covered by Medicare if those services are covered by TRICARE
• If services were rendered in a military hospital or by another federal health care provider, only TRICARE should be billed
  – Medicare generally will not cover services received from a federal health care program (such as TRICARE) or other federal agency (such as IHS)
Exception Resolution - TPL

- If the member has other health benefits that may be responsible for partial or total payment of a claim, those benefits are primary and must be billed first
  - Exceptions:
    - Indian Health Services (IHS)
    - Services for which a federal TPL waiver has been granted
- Providers will receive a denial exception code if there is no evidence of third party billing (no attached EOB or recorded reimbursement amount) on the claim when a member has other benefits
  - For example: 6280, Cost avoid for no EOB and no TPL dollars
- Providers will also receive a denial exception code if the EOB from the TPL resource is not attached, but a reimbursement amount is recorded on a claim
  - For example: 6420, Cost Avoid for No EOB and has TPL dollars
Federal TPL Waiver

For those that provide a federal TPL waivered service:
- Providers may, but are not required to, bill TPL resources before billing Alaska Medicaid
- The provider may elect to bill the TPL resource when:
  - The service is covered by the TPL resource
  - The TPL resource payment exceeds expected Alaska Medicaid reimbursement
- If TPL is billed, any TPL reimbursement is compared to the Alaska Medicaid maximum allowable amount.

If the amount on the TPL EOB exceeds the Alaska Medicaid allowed amount, no additional amount will be paid.

If the amount on the TPL EOB is less than the Alaska Medicaid allowed amount, the provider will be paid the difference.
Federal TPL Waiver

Alaska Medicaid has been granted a Federal TPL Waiver for the following service categories:

• Pharmacy services
• Dental services
• Transportation and accommodation services (except Air Ambulance and Ground Ambulance services)
• Home and Community Based Waiver provider services
• Personal Care Assistant services
• EPSDT screening services
• Prenatal Care services
• Preventive Pediatric services
• Eye wear (lenses/frames – only applies to the contract supplier of eyewear)
Claim Adjustments

A claim adjustment is a method providers can use to correct or reverse a previously paid claim.

- Adjustments are used when a claim has paid but minor corrections or adjustments need to be made such as a change in the TPL reimbursement (payment or recoupment) for the claim.
- Adjustments appear on the RA.
- Records of adjusted claims must be maintained with other financial records.
Additional Information
Compliance & Ethics: Alaska Medicaid 101 is a computer-based training which includes an interactive video presentation and a supplemental handbook

- This training serves to:
  - Familiarize providers with the responsibilities and requirements associated with being an Alaska Medicaid provider
  - Guide providers through the laws and regulations Alaska Medicaid providers must follow

- The training is available at [http://learn.medicaidalaska.com](http://learn.medicaidalaska.com)
  - Select Provider>Compliance & Ethics

- Alaska Medicaid provides a certificate for completing this training
- Please direct any questions to the Provider Training department at 907.644.6800 or 800.770.5650
Recordkeeping

- Recordkeeping requirements are documented in the Individual Provider Agreement and Tax Certification and Group Provider Agreement and Tax Certification.
- Although most recordkeeping requirements are consistent for all providers, some requirements are provider-type specific.
- Providers must maintain complete and accurate clinical, financial, and other relevant records to support the care and services for which they bill Alaska Medical Assistance for a minimum of 7 years from the date of service.
- Providers are subject to audits, reviews and investigations.

Providers must ensure their staff, billing agents, and any other entities responsible for any aspect of records maintenance meet the same requirements.
Overpayments & Repayment of Payment Errors

Providers should closely review each remittance advice (RA) to ensure it reflects accurate payment for all billed services, including correct member details and services provided.

- In accordance with 7 AAC 105.220(e), Alaska Medical Assistance providers have **30 days** from the time of payment to notify the department in writing of a payment error.
  - This includes any changes in TPL reimbursements associated with a claim
- Federal law (42 U.S.C. 1320(d)) requires repayment of overpayments to the department within **60 days** of identifying the overpayment.
- Mail the written overpayment notification and a copy of the RA page detailing the overpayment to the address below:

  Conduent State Healthcare, LLC
  P.O. Box 240807
  Anchorage, Alaska 99524-0807
Additional Resources

Alaska Medicaid Health Enterprise website at [http://medicaidalaska.com](http://medicaidalaska.com)

- Information necessary for successful billing
- Includes provider-specific Alaska Medicaid billing manuals and fee schedules

You may also call:

- Provider Inquiry
  - Eligibility only – 907.644.6800, option 1,2 or 800.770.5650 (toll-free), option 1,1,2
  - Claim status and other inquiries – 907.644.6800, option 1,1 or 800.770.5650 (toll-free), option 1,1,1