

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: GEORGIA

Requirements for Third Party Liability -
Identifying Liable Resources

The State agency takes reasonable measures to determine the legal liability of third parties to pay for services under the Plan.

The State provides for assignment of rights to benefits and cooperation in establishing paternity and obtaining medical support and payments as a condition of Medicaid eligibility.

The State has a written agreement with the Department of Human Resources (DHR) and Social Security Administration (SSA) which provides for collection and updating information regarding third party resources during the initial and redetermination processes, respectively. The applicant or recipient is required to furnish health insurance information to identify legally liable third party resources so that claims may be processed under third party liability payment provisions.

Data collected includes health insurance information when benefits are available to the recipient. Health insurance information may consist of the name of the policyholder, the relationship of the policyholder to the recipient or applicant, the Social Security Number (SSN) of the policyholder, the name and address of the insurance company and the policy number. This information collected during the initial and redetermination eligibility process is forwarded to the State Medicaid Agency for review and verification by phone or letter. Once verified, this information is added to the TPL Data Base. Additionally, the names and SSNs of absent or custodial parents of Medicaid recipients are collected to the extent that such information is available and is incorporated into the TPL Data Base to identify potential third party resources through data exchange activities.

The State agency, under written agreement, conducts quarterly data exchanges with the following agencies to identify Medicaid recipients and obtain information on absent or custodial parents of Medicaid recipients who are employed and their employer(s):

1. The Georgia Department of Labor (DOL), the State Wage Information Collection Agency (SWICA);
2. Beneficiary Earnings Exchange Record (BEER), to obtain the SSA wage and earning file information;

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3. Child Support and Recovery Unit (CSRU), and
4. The State Workers' Compensation Agency

The State Agency conducts data exchanges with the Defense Enrollment Eligibility Reporting System (DEERS) yearly.

The State agency obtains health insurance information from the Title IV-A Agency, the Department of Human Resources (DHR), on case referral forms which are completed on each Medicaid applicant or recipient during the eligibility intake or redetermination process, respectively. Referral forms also provide the names(s) and social security number(s) on absent or custodial parents of Medicaid recipients which are incorporated in the third party liability data base to identify potential health insurance resources through employment leads obtained from data exchange activities.

Due to the absence of common identifying elements (names and social security numbers) which are needed to conduct data exchange activities, the State agency obtains a quarterly State motor vehicle accident report file from the Georgia Department of Public Safety. The report provides an alphabetical listing of names of persons injured in accidents involving motor vehicles and is used to research positive leads involving these types of injuries to establish the existence of legally liable third parties.

Diagnosis and trauma code edits are conducted in each weekly claims processing cycle to identify those paid claims for Medicaid recipients that contain diagnosis codes 800 through 999 (ICD 9-CM) except for diagnosis code 994.6.

The State agency conducts, within 45 days, follow-up activity to identify and verify the existence of health insurance resources on leads obtained from data exchanges with the Department of Labor (DOL); the Beneficiary Earnings Exchange Record (BEER); the Child Support Recovery Unit (CSRU); and the Defense Enrollment Eligibility Reporting System (DEERS). Letters are prepared and mailed to the employer(s) to verify the availability of health insurance. Verified health insurance information is incorporated into the eligibility casefile, the third party resource data files and the third party recovery file within 30 days from the date the State agency receives health insurance coverage verification.

Timeliness of follow-up activity is measured from the date the State agency receives the lead to the date the State agency initiates action to validate the existence of the TPL resource. Verified TPL information is incorporated into the TPL data base within 30 days after receipt of verified TPL information.

The State agency conducts within 60 days follow-up activity to identify legally liable third parties on leads obtained from Title IV-A referrals and data exchanges with the State Board of Workers' Compensation. Timeliness of follow-up activity is measured from the date the State agency receives the lead to the date the State agency receives verified health insurance coverage. Insurance information is incorporated into the eligibility case file and third party data base and recovery file within 30 days from the date the agency receives third party resource verification, so that claims may be processed under the third party liability provision specified in 433.139(b) through (f).

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Accident questionnaires are mailed quarterly to Medicaid providers and recipients on all paid claims which involve trauma or accident related diagnosis codes. Follow-up actions are conducted within 60 days of receipt of responses to questionnaires which establish the probable existence of a liable third party. This information is incorporated into the case file, eligibility file and third party resource file within 30 days after verification of the third party's ongoing responsibility.

The State agency maintains a listing of all closed case data which reflects the primary trauma diagnosis and the amount of third party collections. The data compiled is reviewed semi-annually to identify those trauma codes that yield the highest third party collections to prioritize follow-up activities.

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