


<b>PLAN OPERATIONS</b>	 From DentaQuest			
	<i>Policy and Procedure</i>			
	Policy Name:	<b>Third Party Liability Recovery</b>	Policy ID:	<b>PLANCG-53</b>
	Approved By:	Compliance Committee	Last Revision Date:	04/26/2024
	States:	Oregon	Last Review Date:	04/26/2024
Application:	Medicaid	Effective Date:	04/27/2024	

**PURPOSE**

To establish the Dental Care Organization’s (DCO’s) policy on third party liability, including subrogation matters and recovery of overpayments.

**POLICY**

- A. If an enrollee has other insurance coverage available for payment of Covered Services, such other insurance is primary to the coverage provided by the Oregon Health Plan (OHP). Accordingly, the Primary Insurance must be exhausted for the service prior to the DCO making any payment for any Covered Services. Note, the DCO is always primary to tribal health. If the Enrollee has any liability for cost-sharing under the Primary Insurance, the DCO shall pay the amount of the Enrollee’s cost-sharing to the Primary Insurance.
- B. It is the responsibility of all DCO contracted providers (Providers) to ensure insurance is billed as stated above. It is also the responsibility of the Provider to recover from any Third-Party Payer the fees the DCO paid for Covered Services that were provided to an enrollee; the DCO will have the right to retain those recoveries. The Provider shall report to the DCO all amounts recovered from such Third Party Payers. The DCO will then report to the CCO all amounts recovered. Reporting to CCO shall be done on a quarterly basis using the Exhibit L Financial Reporting Template.
  - 1. DCO contracted providers may not collect payment for covered services from enrollees. If a provider is not accepting new enrollees, the enrollee must be referred to their assigned DCO provider.
- C. Providers shall take all reasonable actions to pursue recovery of Third-Party Liability for Covered Services provided to an enrollee. The Providers responsibility for recovery shall remain in effect up through the eighteenth (18<sup>th</sup>) month from the date the claim(s) was paid, at which point OHA shall have the right to pursue recovery, as applicable.
- D. After the end of the twenty-fourth (24<sup>th</sup>) month of the date any claim was paid by the DCO for which there remains Third Part Liability, OHA or its designee, as applicable, may take all reasonable actions to pursue recovery of such amounts from the applicable Third-Party Payer. The DCO and Provider shall cooperate in good faith with OHA in any efforts undertaken by OHA to recover funds from Third Party Payers.
- E. The DCO’s methodology for determining if and when it is no longer cost-effective to pursue recovery of sums owing by a Third-Party Payer is based on the amount to be recovered versus the staff time within the Claims Department to attempt such recoveries.
- F. Providers are required to request Third Party Liability information from enrollees and to promptly provide, at a minimum, the below information to the DCO. The DCO will in turn provide this information to OHA.
  - 1. The name of the Third-Party Payer, or in cases where the Third-Party Payer has insurance to cover the liability, the name of the policy holder;
  - 2. The enrollee’s relationship with the Third-Party Payer or policy holder;
  - 3. The Social Security Number (SSN) of the Third-Party Payer or policy holder;
  - 4. The names and address of the Third-Party Payer or applicable insurance company;

5. The policy holder's policy number for the insurance company; and
  6. The name and address of any Third-Party who paid the claim for the member.
- G. Providers are required to report to the DCO any Primary Insurance to which an enrollee may be entitled. Providers must report such information to the DCO within thirty (30) days of becoming aware of an enrollee who has such coverage by contacting the Claims Department. The DCO is responsible for reporting this information to the OHA online at the following URL:  
<https://www.oregon.gov/DHS/BUSINESS-SERVICES/OPAR/Pages/tpl-hig.aspx>.
- H. Any information about motor vehicle coverage should be reported by the Provider to the DCO. The DCO will then report such information to: <https://apps.oregon.gov/OPAR/PIL/>. If the Provider receives information that an enrollee has Primary Insurance outside of OHP, the Provider shall report such coverage to the DCO and the DCO shall report such coverage to OHA, within thirty (30) days of the providers receipt of notice of the Other Primary Insurance. Reporting must be made online at the following URL: <https://www.oregon.gov/DHS/BUSINESS-SERVICES/OPAR/Pages/tpl-hig.aspx>
- I. The DCO shall document and maintain, at the claim level, details related to, without limitation: (i) actions involving Third Party Liability; (ii) inability to recover any sums from Third Party Payers, and (iii) any and all recoveries from Third Party Payers. Such data will be documented in a manner that allows reconciliation and audit of reported recoveries and adjusted Encounter Claims data. The DCO shall make such documents available to CCO or its designee(s), as may be requested from time to time.
- J. The DCO shall adjust any Encounter Data to OHA within the required timeframes to reflect Third Party Liability recoveries for such Encounter Data.
- K. The DCO will require an Explanation Of Benefits (EOB) to be submitted for all services rendered to enrollees with Primary Insurance. Primary Care Dentists (PCDs) will continue to receive capitation for these enrollees for the secondary coverage. Specialists will be paid at the contracted allowed percentage on the remaining balance of the total billed.
- L. It is the responsibility of the provider to document any procedures that are not covered under OHP on the agreed treatment plan and to ensure the enrollee executes an Agreement to Pay Form acknowledging their responsibility for payment of the remaining balance. Copies of the treatment plan and Agreement to Pay Form will be provided to the enrollee and saved in the enrollee's chart at the time of the appointment.
- M. Personal Injury Lien/Subrogation: the DCO also handles subrogation matters pertaining to TPR recovery due to negligence resulting in enrollee personal injury or accident. Within 30 calendar days of receipt of a subrogation lien request from an enrollees' legal counsel, the DCO will notify the Personal Injury Liens Unit in accordance with OAR 461-195-0321, and may request assignment of the lien. If assigned the lien, the DCO's Legal Department will respond to the subrogation lien request and coordinate with the Claims Department to assess the claims related to the injury and make a final lien determination. The Legal Department will notify the Personal Injury Liens Unit within 10 calendar days of filing the notice of the lien and/or within 10 calendar days of perfecting the lien. The DCO will pursue recovery of the lien and will report to OHA on any recoveries made to the OHP Coordination of Benefits and Subrogation Recovery Section on the quarterly report, Report L. 6 (sheet 6) of Exhibit L Financial Report Template (See Ex. L).

**DEFINITIONS:**

“Third Party Liability,” “Third Party Resource” or “Third Party Payer” have the meaning provided in OAR 410-120-0000: a medical or financial resource that, under law, is available and applicable to pay for medical services and items for an Authority client. The acronyms “TPL,” “TPR,” and “TPP” have the same definitions.

“Subrogation” has the meaning provided in OAR 410-120-0000; “Subrogation” means right of the state to stand in place of the client in the collection of third party resources (TPR).

**REFERENCES**

OAR 410-141-3590 MCE Member Relations: Member Rights and Responsibilities

OAR 410-120-0000 Acronyms and Definitions

OAR 461-195-0321 Assigning a Lien

**FORMS AND OTHER RELATED DOCUMENTS**

Agreement to Pay Form

***Revision History***

Date:	Description
06/14/2012	Approval and adoption.
06/06/2014	Updates based on annual review.
03/12/2015	Updates based on annual review.
02/23/2016	Updates based on annual review.
02/14/2017	Updates based on annual review.
03/12/2018	Updates based on annual review.
05/20/2019	Updates based on annual review.
01/22/2020	Conversion to revised policy and procedure format and naming convention.
01/26/2021	Updates based on annual review.
03/29/2022	Updates based on annual review.
06/29/2022	Updates based on OHA annual review findings.
12/31/2022	Updates based on annual review.
11/13/2023	Updates based on annual review.
04/26/2024	Updates based on annual review.