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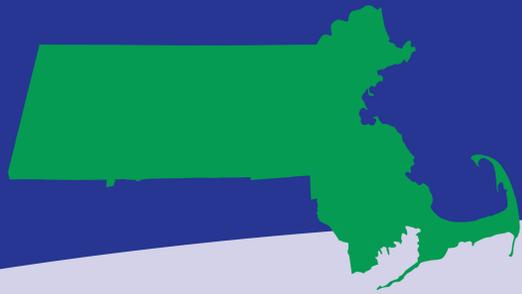


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Integrating Third Party Liability (TPL) Across Medicaid Operations and Enterprise Systems in Massachusetts

BACKGROUND

UMass Medical School partners with MassHealth, the Massachusetts Medicaid program, to integrate TPL activities across all aspects of the Medicaid program.

By embedding TPL at all stages of Medicaid operations and interfacing with all Medicaid systems, Massachusetts has optimized identification and access to TPL sources for all Medicaid members, at all points within the Medicaid experience.

BENEFITS OF AN INTEGRATED TPL STRATEGY

- **Member benefits and state savings are increased** at all stages of the Medicaid operation:
 - Front-end eligibility reviews
 - Service delivery
 - Claims processing and coordination
 - Back-end recovery
 - Program integrity
- Embedding and streamlining TPL processes throughout Medicaid operations and systems **promotes enhanced efficiencies, increased TPL access, and identification of new TPL opportunities.**
- Identification of additional funding sources through TPL **assists the State in providing and sustaining a broader range of Medicaid member services and programs.**

TPL Integration Opportunities – Highlighted Initiatives

 ELIGIBILITY COORDINATION Ensure TPL coverage is identified and secured through data matching, analysis, enrollment, and purchasing	 COVERAGE COORDINATION Ensure TPL resource provides all appropriate coverage and benefits	 PAYMENT COORDINATION Ensure Medicaid is paying at its lowest liability after all TPL resources have been exhausted	 RECOVERY COORDINATION Ensure Medicaid payments are recovered from TPL resource if cost cannot be avoided up-front
Medicare Eligibility Enhancement Identifies “missed” Medicare entitlement opportunities and collaborates with Medicaid members, SSA, and CMS to obtain Medicare coverage for members and establish Medicare as the primary payer			
	Medicare Home Health Appeals Analyzes Medicaid-paid home health services potentially eligible for Medicare coverage and coordinates appeal activities to secure Medicare payment for providers and recover Medicaid expenditures		
	Enhanced Coordination of Benefits Identifies access to and secures commercial insurance coverage through premium assistance for Medicaid members with medically complex, high-cost services to coordinate and expand benefits and realize Medicaid cost savings		
			Medicare Premium Payment Review Helps ensure accuracy of state Medicare premium payments by identifying and pursuing correction of overpayments with SSA and CMS

SAMPLE RESULTS

Medicare Eligibility Enhancement

- ✓ **1,400 members**, ages 65 and older, **newly enrolled** in Medicare in last two years
- ✓ **Medicare entitlement corrected** for 1,500 members, under-65 with disabilities, since project inception
- ✓ **Over \$40M in cost avoidance achieved** in last two years through identification of “missed” Medicare benefits

Medicare Home Health Appeals

- ✓ **More than \$9M in payments** misdirected by providers to Medicaid **successfully appealed** and awarded coverage by Medicare over the past five years

Enhanced Coordination of Benefits

- ✓ **Over \$64M in cost avoidance** achieved through in SFY2017
- ✓ **Conducted 637 TPL access investigations** in SFY2017 for high-cost Medicaid recipients with 307 Medicaid members **resulting in coordination of benefits and savings**

Medicare Premium Payment Review

- ✓ Since 2008, **recovered more than \$28M for Massachusetts** in Medicare premium overpayments
- ✓ Based on UMass findings, SSA and CMS implemented **two nationwide corrections to Medicare premium eligibility and billing systems**