

NEW THIRD PARTY RESOURCE FORM (TPL-1) INSTRUCTIONS (MO 886-0458(12-02))

PURPOSE: The purpose of the TPL-1 form (attached) is to provide Medicaid recipients' current health insurance information to the Division of Medical Services (DMS). The health insurance information provided on the TPL-1 enables DMS to recover medical expenses and cost avoid claims.

The new TPL-1 form has a front and back side. After completing, make a copy for your file and submit the original to the DMS TPL Unit in Jefferson City. There will no longer be a turn-around document, so you will need to check MTPR 6-8 weeks after submitting it. A TPL-1 needs to be submitted at the time of approval or any time that insurance coverage changes occur. **NOTE:** On a MA spenddown applying every month, a new TPL1 is not necessary at each application if the TPL information remains the same. Insurance must be reviewed, however, so additions or updates are submitted when applicable.

Complete TPL-1s for the following types of health insurance:

1. Blue Cross Blue Shield;
2. Self-insured labor unions, welfare funds, or employers;
3. Medicare supplements, Medigap, or "tie-in" policies;
4. Health Maintenance Organizations (HMOs), Preferred Provider Organization (PPO), or Prepaid Health Plans (PHP);
5. Any commercial health insurance policy;
6. Hospital indemnity policies (see #3 in list below);
7. Champus;
8. Accident insurance - covers hospital, physician or other medical care that is incurred as a result of an accident; or
9. Cancer Policy
10. Other health insurance coverage riders (i.e., separate plans for vision, dental, pharmacy, etc.)

Do NOT complete TPL-1s for the following:

1. Medicaid MC+ Plans
2. Medicare
3. Wage or income replacement policies (not the same as hospital indemnity).
4. Disability policies
5. Life insurance
6. Burial insurance
7. Automobile insurance
8. Loss of limb or dismemberment policies, trip or travel accident policies, short duration or location-specific accident policies such as school accident.

The TPL-1 form is sent to DMS so the information can be verified with the insurance company. A verification worker uses the data to identify the policy and to code different types of coverage under the policy. It is important that you provide the correct policy information so that it can be verified accurately.

Certain information is required by the verification worker to identify the policy with the insurance company. The following is the minimum data required for verification; however, the more information you can provide, the more accurate and timely the verification can be.

Required Data:

1. Insurance company name and address
2. Employer name and address.
3. Policyholder's name.
4. Policy number.
5. Social Security number of the policyholder, if the policy number is not the Social Security number.

The easiest way to provide required information is to make a copy of the health insurance card, front and back. If a copy of the card is provided, you will only need to complete fields 1 through 6, fields 7 & 8 for each recipient and fields 12, 13 & 20. Staple copy of card to the back of TPL-1 form. (See attached TPL-1 for fields)

To access the Insurance Database screens through Prod on the State system, use MTPR and MCII.

- MTPR - Insurance company name and address, policy holder, begin and end dates;
- MCII - MC+ screen

Legibility is of major importance. The verification worker must be able to read what you have written on the TPL-1. If the entry cannot be read, the form cannot be processed correctly and it will be returned to you to be rewritten.

INSTRUCTIONS FOR COMPLETION: Below is an explanation of each field, with hints for completing the TPL-1.

- Field 1 PAY COUNTY. Enter the three-digit numerical code indicating the county where the case is currently active. This is not the FIPS code.
- Field 2 TYPE OF ASSISTANCE (T/A). Enter the appropriate letter code for the type of assistance received.
- Field 3 LOAD NUMBER. Enter the county-assigned caseload number. This field requires five digits. If the load number contains less than five digits, add the required number of zeros to the left of the number.
- Field 4 WORKER NUMBER. The worker completing the TPL-1 should enter his/her five-digit worker number in this field.
- Field 5 DATE (MM/DD/YY). Enter the current date.
- Field 6 REQUESTED ACTION. If this policy is not on the MTPR screen mark "ADD NEW RESOURCE". If this policy is on the MTPR screen and needs to be updated, mark "CHANGE MEDICAID RESOURCE FILES"
- Field 7 RECIPIENT'S NAME. Enter the name of each Medicaid-eligible recipient in the case who is covered by insurance. For example, each eligible child in an AFDC case with insurance coverage.
- Field 8 MEDICAID ID#. Enter the eight-digit DCN of the recipient who is listed in field 7.

- Field 9 REL CODE. Enter the appropriate relationship code from the list below.
(The relationship of the recipient to the policyholder)
00-SELF
01-SPOUSE
04-GRANDPARENT
05-GRANDCHILD
07-NEPHEW/NIECE
17-STEP CHILD
19-CHILD
19C-COURT ORDERED CHILD
32-MOTHER
33-FATHER
- Field 10 INSURANCE COMPANY NAME. Please enter the complete company name. Do not abbreviate important portions of the name or use acronyms. It is acceptable to abbreviate "Insurance Company" to "Ins Co".
- Field 11 INSURANCE COMPANY ADDRESS. Enter the street address, city, state and ZIP code of the insurance company listed in field 10.
- Field 12 EMPLOYER/GROUP NAME. The name of the policyholder's employer or the organization (union, government, military, school, etc.) is entered in this field when the policy is through a group plan. This is a required field if policy is through a group plan.
- Field 13 EMPLOYER/GROUP ADDRESS. Enter the street address, city, state and ZIP code for the employer or group listed in field 12. This is a required field if policy is through a group plan.
- Field 14 POLICYHOLDER'S NAME. The policyholder is the person in whose name the policy is listed with the insurance company.
- Field 15 POLICYHOLDER'S SOCIAL SECURITY NUMBER. Enter the social security number of the name listed in field 14.
- Field 16 POLICY NUMBER. Enter the policy number. EVERY EFFORT MUST BE MADE TO OBTAIN THE POLICY NUMBER. If you have access to the health insurance card - make a copy of it and staple it to the TPL-1. It will include the policy number. The verification worker must have the policy number to identify the policy with the insurance company. Often, the policy number will be the Social Security number of the policyholder.
- Field 17 GROUP NUMBER. This number identifies the specific employer or organization with the insurance company.
- Field 18 BEGIN DATE. Enter the date the insurance coverage became effective. Enter the month, day and year (MMDDYY). If you do not know the exact date, you may use the date the recipient became eligible for Medicaid.
- Field 19 END DATE. Enter the date the coverage terminated, if applicable. Enter the month, day and year (MMDDYY). If you do not know the exact date of termination, write TERMED in this field. If the policy is still in effect, leave this field blank.
- Field 20 PERSON COMPLETING THIS FORM. Enter you name here.
- Field 21 ADDITIONAL INFORMATION. Enter any comments here.
- Field 22 TO BE COMPLETED BY THE THIRD PARTY LIABILITY UNIT. Do not enter anything.