

# Third Party Liability (TPL)

Jodie Gillespie

Cost Avoidance Unit Manager

Health Insurance Liability Section (HILS)



# Ways to Submit Information to TPL

- There are multiple ways to submit Add/Term/Change Other Insurance information to TPL:
  - Update Other Insurance NOW!
  - Fax the DCH-0078 form
  - E-mail the DCH-0078 form
  - Contact the Provider Hotline



# Update Other Insurance NOW!

- The ***quickest*** way to submit updates is to use the Update Other Insurance NOW! online form.
- Current turn around time for online form submissions is approximately 2-5 business days.
- Form limitations:
  - Only one request PER individual (Beneficiary)

# Update Other Insurance NOW!

- Go to: [www.michigan.gov/medicaidproviders](http://www.michigan.gov/medicaidproviders)
- Click Button: “Update Other Insurance NOW!”

**Hot Topics**

Document Management Portal | Listserv Instructions | Medicaid Alerts | Medicaid EHR Program | Medicaid Provider Training Sessions

Medicaid State Plan | PERM Provider Education | Predictive Modeling | Provider “L” Letters | **Update Other Insurance NOW!**

HEALTHY MICHIGAN PLAN | CHAMPS | MEDICAID FRAUD HOTLINE Toll Free 855-MI-FRAUD (643-7283) | HIPAA ICD-10 Implementation

# Mandatory Comments

- In order to ensure priority, add:

“CSHCS”

**Before** the miHealth ID (Beneficiary ID)

- When this comment is added, TPL staff will notify the submitter if we cannot process the request.
  - If additional information is needed, a new request must be submitted.

**\*Request to Add, Terminate, or Change Other Insurance:**

Add  Terminate  Change

**\*Section 1 - Medicaid Provider/Medicaid Health Plan/LHD/DHS Caseworker Information**

Requestor Name:  Date:

County/Local Health Department:

Case Number (if available):

Phone Number:  Fax Number:

**\*Section 2 - Beneficiary/Client to Add, Terminate, or Change Insurance**

Beneficiary/Client Name:  Date of Birth:

mihealth ID:  

**\*Section 3 - Policyholder Information**

Policy Holder Name:  Policy Holder Date of Birth:

Employer Name:  Employer City and State:

Social Security Number:

Type of Coverage:  Traditional  Managed Care

Health Insurance Company Name:

Group/Policy Number:

Certificate/Contract Number:

Pharmacy Insurance Name:

Dental Insurance Name:

Vision Insurance Name:

**Section 4 - Reason for Change**

Divorce  Military Discharge  Coverage Termination  Employment Termination

Other Reason (explain in Comments)

Date of Divorce/Military Discharge/Coverage Termination/Employment

Termination/Other:

Comments (OPTIONAL):

- Required information TPL needs to complete request:
  1. Add/Term/Change
  2. Beneficiary ID
  3. Complete Policy Holder Information
  4. Add “CSHCS” before miHealth ID (Beneficiary ID)

Note: Section 1 and Comments must be provided to be notified if the request cannot be completed.

# Fax Process (EZ Link)



- Fax DCH-0078 Form to (517) 346-9817.
  - This form must be submitted, TPL cannot guarantee that other documents will be processed.
- Document is received and “Indexed” manually.
- Service Request (in the MDCH internal system) is completed and submitted to TPL.
  - Service Requests are completed in the order they are received.
  - If required information is missing, the Service Request is noted and closed.
  - Response to the sender is not provided.
- Current turn around time for processing faxes is approximately 7-10 days business days.

# E-mail Process

- E-mail DCH-0078 Form to [TPL\\_Health@michigan.gov](mailto:TPL_Health@michigan.gov).
- Current turn around time for processing E-mails is approximately 5-7 business days.
- Response to the sender is not provided.



# Contact the Provider Hotline

- LHD to call the Provider Hotline at (800) 292-2550
- Service Request (in the MDCH internal system) is completed and submitted to TPL.
  - Service Requests are completed in the order they are received.
  - If required information is missing, the Service Request is noted and closed.
  - Response to the sender is not provided.
- Current turn around time for processing phone requests is approximately 7-10 days business days.

# Frequently Asked Questions



- What do I do when I don't think my updates were completed?
  - Call the Provider Hotline prior to resending this information to TPL.
- Do I submit documentation if an individual passes away?
  - No, TPL will only terminate the coverage if the Other Insurance has a termination date noted.
  - TPL will verify dates and coverage.
- What do I do when the Other Insurance (OI) code is incorrect and the family is auto enrolled in a Health Plan?
  - Notify your CSHCS contact who will contact TPL.
    - Depending on the date the OI was added, updates could possibly be made.

# Report Casualty Information

- **MiNotify TPL**
  - Application allows attorneys and others to comply with Michigan statute to report lawsuits in which the Medicaid program may have an interest.
  - The application also allows attorneys to request updates and submit documents.
  - <http://www.michigan.gov/MiNotifyTPL>



# TPL Contact Information

- Website:  
[www.michigan.gov/medicaidproviders](http://www.michigan.gov/medicaidproviders) or  
[www.michigan.gov/tpl](http://www.michigan.gov/tpl)
- Email: [TPL\\_Health@michigan.gov](mailto:TPL_Health@michigan.gov)
- Fax: (517) 346-9817
- Provider Hotline: (800) 292-2550

# Any Questions?

