

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: District of Columbia

Requirements for Third Party Liability -
Identifying Liable Resources

Frequency of Data Exchange Activity:

A. Obtaining Health Insurance and Other Information

1. The Department of Human Services' public assistance and medical assistance applications request health insurance information from all applicants for determination and redetermination of eligibility.
2. The Department's Income Maintenance Administration (IMA); Bureau of Program Operations (BPO) has the responsibility for evaluating the eligibility of each Medicaid applicant on a recurring basis, thus BPO serves as the initial point of contact. Initially, all applicants are required to complete form DHS-1673 (Application for Medical Assistance). The form includes detailed questions on family members, health insurance, income, assets, and other information. In general, the questions are designed to determine if the applicant is eligible for assistance. Following application, a caseworker is assigned to review the application and determine the applicant's eligibility for assistance.

The caseworker reviews the application for the existence of third party resources. If any member of the family has private health insurance, the caseworker must fill out the form "DHS - Application for Medical Assistance (Supplement) - Third Party Information (TPL Form)." It is not necessary to fill out the supplemental form if the applicant's only third party resource is Medicare. The TPL form is divided into two basic sections. The upper section is for recipient identification and the lower part is for health insurance information. The form includes the name and address of the policy holder, his or her relationship to the applicant or recipient, the social security number of policy holder, the name and address of the insurance company and employer, the effective dates and types of coverage, and the policy number.

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Upon completing the "DHS-Application for Medicaid Assistance (Supplement) - Third Party Information (TPL form)," the BPO worker transmits it to the TPL/Estates Section for processing.

3. Social Security Administration

During initial and redetermination interviews, the Social Security Administration requests other insurance information from SSI recipients. The insurance information is recorded on the Health Insurance Information Request (Form SS-8019) and sent to the TPL/Estates Section for entry into the TPL data base. The Department has a 1634 Agreement. Once Medicaid eligibility is determined, the Income Maintenance Administration is notified of the health insurance coverage.

B. Exchange of Data and Follow Up

Data matches are performed with the IV-A Agency as well as the IV-D Agency, Social Security Administration, and Blue Cross/Blue Shield as required by 42 CFR 433.138(d)(3). Follow up is made on all matches within 45 days.

1. IV-D Program

The IV-D Program provides a tape of the absent and custodial parents to the Office of Information Systems. The parents' social security numbers as well as the eligibility file are used to perform matches.

2. IVA Program and SWICA

The eligibility file and the IV-D file are matched with the District of Columbia's Pay and Retirement Files, the District of Columbia, Maryland and Virginia Wage Earners Files, and SWICA. Letters are system generated to employers to ascertain health insurance coverage.

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3. Blue Cross/Blue Shield

Every ninety days a tape containing the Medicaid eligibility file is produced and sent to Blue Cross/Blue Shield of Maryland. Using the social security numbers as the match, the insurance coverage is automatically updated into the Third Party Resource Data Base within 45 days of its receipt. A printout of the matched records is sent to the TPL/Estates Section for further processing. The TPL staff completes a form 1627a (TPL Supplement) or 886 and sends the information to the Income Maintenance Administration to be integrated into the client's case files. If an absent parent coverage is noted, the information is sent to the IV-D Agency. Profiles are requested for the Medicaid payments made from the effective date of coverage to the date it is entered into the TPR. Insurance companies are billed or "Notices of Intent to Void" are processed based on the information provided, or the insurance company's policy for reimbursement.

4. State Motor Vehicle Accident Report Files and Industrial Accident Commission Files

In lieu of the matches from the State Motor Vehicle Accident Report Files and Industrial Accident Commission Files, the Department performs a manual exchange with the D.C. Fire Department's Emergency Ambulance Division. Weekly, collection agents pick up copies of all accident reports involving Medicaid recipients. The reports are screened for accidents and injuries only. Clients are queried by form letter and the information updated in the TPR Data Base, the TPL Case File and the Eligibility Case File. A profile of the paid claims is ordered using the accident date as the begin date. Remaining processing is completed via established procedures.

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5. Secure Agreements

The Department of Human Services attempted to secure data exchanges with the State Worker's Compensation Commission, the Metropolitan Police Department (Accident Files) and the Department of Public Works (Accident Files). Accident files within the Metropolitan Police Department and the Department of Public Works are not automated, and neither uses a Social Security number. The Department of Public Works further noted that the District of Columbia also lacks an automated liability insurance file and agreed to a manual exchange of. The Workers' Compensation Commission has failed to comply.

c. Following Up on Paid Claims

The diagnosis and trauma codes report is produced every thirty days. The TPL/Estates staff manually sends letters to providers. If a response is not received within thirty days, when possible, telephone inquiries are made. Claims average 1300 per month and are prioritized as shown below:

(1) Inpatient Hospital Claims

Priority is given to inpatient hospital claims because of their high dollar value. Upon receipt of a positive response from the provider, a case file is established and the information updated in the TPR within 45 days from its receipt. A copy of the hospital bill is requested and the medical records reviewed, when possible to ascertain all accident-related injuries. Often correspondence from attorneys is found through this review. A follow up inquiry is sent to the client to ascertain the name and address of the attorney and/or casualty insurance company. Profiles of the claims history are ordered using the accident or injury date as the begin date. The remaining processing is routine.

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(2) Ambulance Invoices

The Collection agency requests copies of the accident reports from the Emergency Ambulance Division. Since 95 percent of the patients transported in the District are done by the Emergency Ambulance Division, these claims are second in priority.

(3) Other Claims

Based on the threshold amount, questionnaires are sent to providers and clients. Further processing depends on the type of response.