



RIGHTCARE

Medicaid Third Party Recovery – Reminder Regarding Provider Requirements

To the extent allowed by federal law, a health-care service provider must seek reimbursement from available third party insurance that the provider knows about or should know about before billing Texas Medicaid. Medicaid coverage is secondary when coordinating benefits with all other insurance coverage, unless an exception applies under federal law. Coverage provided under Medicaid will pay benefits for covered services that remain unpaid after all other insurance coverage has been paid.ⁱ

Federal and state laws require the use of Medicaid funds for the payment of most medical services only after all reasonable measures have been made to use a client's third party resources (TPR) or other insurance. A TPR is a source of payment for medical services other than Medicaid, including no-fault automobile insurance such as personal injury protection and automobile medical insurance.ⁱⁱ

Providers must make a good faith effort to determine, at the time services are delivered, or at any time thereafter, whether the services being provided to the member are a result of injuries caused by a person who is or may be liable for payment of the services.ⁱⁱⁱ

Providers must submit information relating to the existence or possible existence of third party liability obtained from the member or legal representative of the member at the time a claim is submitted to the health plan for payment, or at any time thereafter, or when an informational claim is submitted under the provisions of Subchapter A, Division 1 §354.1003 of the Texas Administrative Code, relating to Time Limits for Submitted Claims.

ⁱ HHSC Uniform Managed Care Contract, 8.2.8 Third Party Liability and Recovery and Coordination of Benefits

ⁱⁱ *Texas Medicaid Provider Procedures Manual*, Section 4.12 Third Party Liability (TPL)

ⁱⁱⁱ Title 1, Part 15, § 354.2322, Texas Administrative Code