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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Requirements for Third party Liability  
Identifying Liable Resources

(1) Frequency of Required Data Matches

Data matches are currently conducted with State Wage Information Collection Agencies (SWICAs) and SSA Wage and Earnings Files quarterly for recipients and non-custodial parents and monthly for new applicants.

A separate data match is not conducted with the state Title IV-A agency. Minnesota's organizational structure within the Department of Human Services (DHS) and local human service agencies eliminates the need for a data match to identify information maintained by the IV-A agency.

The data match with the Department of Labor and Industry for identification of potential workers' compensation benefits is conducted ~~bi-annually~~ monthly for current Medicaid eligibles. A match is conducted by the Office of Child Support Enforcement for non-custodial parents.

A data match with the Department of Public Safety, Driver and Vehicle Services Division motor vehicle accident report is conducted ~~at least bi-annually~~ monthly for current Medicaid eligibles.

Follow-up Methods: Eligibility Processing or Data Matches

- Workers at the county agency are responsible for follow-up with employer regarding matches obtained through SWICA and SSA wage and earnings file data that are part of the eligibility process. In the course of following up on SWICN SSA wage and earnings file data, or in following up on determining a person's employment on an application or renewal or a report of a change in employment, workers would also determine if there is/was private health insurance available to the employee or family members through the employer. Workers enter the employer-based health coverage information they obtain through this process in the MMIS TPL Resource files for use in cost avoidance and post payment recovery.

- Workers at the county agency review responses on the application and renewal forms related to health insurance and other third party liability. Workers report all other potential sources of health coverage or liable third parties other than employer-sponsored insurance to the DHS TPL unit for follow-up using the Medical Service Questionnaire process (possible accident/injury).
- DHS and/or its contractor follow up on liable third party information received from data matches conducted with employers, insurers and other responsible entities, as required by the Deficit Reduction Act of 2005. DHS or its contractor obtain necessary files of insured persons and conduct matches to identify coverage in effect for Medicaid enrollees. Once verified information is obtained, the Department enters the information in the TPL subsystem of MMIS, and notifies the client's county worker of the entry of new TPL information.
- DHS follows up on TPL reports from county agency workers and data matches obtained for Medicaid clients from the Department of Labor and Industry and the Department of Public Safety. DHS sends the enrollee a Medical Service Questionnaire (MSQ) or Work Injury Report or Accident Injury Report for identification of injuries or accidents that may qualify for third party payment. The Department enters relevant data provided on the returned MSO into the TPL subsystem on MMIS. Adult enrollees receive two requests for information before receiving a termination notice for non-response (failure to cooperate) with MSQ requests. A file is opened in the third party recovery unit at the point the Department identifies that:
  - (1) there is a potential source of third party payment and
  - (2) it has paid medical or subsistence benefits related to the injury,

The time frame for incorporation of information into the third party liability case file and/or data base is two weeks from the date factors (1) and (2) are determined. The determination of these factors takes an average of 30 days from the date the completed form is received by DHS.

(2) Frequency of Diagnosis and Trauma Code Editing

Diagnosis and trauma code editing is done on-line on a daily basis. Claims are processed through the Medical Service Questionnaire processing on a two-week cycle.

An initial inquiry form requiring completion by the recipient is produced based on the diagnosis and trauma codes appearing on a medical claim.

Follow-up Methods: Diagnosis and Trauma Code

DHS follows up when medical bills indicate possible involvement in an accident.