Third Party Liability Provider Information

What is Third Party Liability?
MO HealthNet is the payer of last resort when there is the possibility of a third party resource for the payment of a participant's claims. Examples of this include: private or employer-sponsored health insurance, Medicare and Medicare Replacement plans referred to as Part C. MO HealthNet is not obligated to pay for a participant's medical expenses until other resources have been considered. This is referred to as a Third Party Liability (TPL). TPL is often referred to as the "other payer."

See Section 5.1 of the **MO HealthNet Provider Manual** for additional information.

What is the purpose of TPL?
The purpose of TPL is to offset or recover costs to the State of Missouri. This ensures that tax dollars are not used when another payer is responsible for all or a portion of the medical charges.

How do I know if a participant has TPL?
Providers are responsible for checking a participant's MO HealthNet eligibility which includes verifying if the participant has TPL (an "other payer"). Providers can verify a participant's eligibility through **eMOMED** or by calling the Interactive Voice Response (IVR) system at (573) 751-2896.

What if the TPL information for a participant is missing or incorrect?
If the provider is aware of the participant's TPL, they should always bill the TPL first.

Whether the participant is enrolled in Fee-for-Service or a MO HealthNet Managed Care health plan, providers should report missing or incorrect TPL information to MO HealthNet utilizing the **Insurance Resource Report (TPL-4)**. This form can be completed electronically and emailed to the Third Party Liability Unit at **TPL.Database@dss.mo.gov**. Providers may also call Provider Communications at (573) 751-2896 to report the missing or incorrect information.

If a provider or participant believes a TPL is no longer in effect they can email **TPL.database@dss.mo.gov** or call (573) 751-2005 and one of the MO HealthNet Database Technicians can manually research the policy.

How can I report the "other payer" payment/non-payment to MO HealthNet?
Providers should receive an Explanation of Benefits (EOB) or a Remittance Advice (RA) from the primary payer after they process a claim. This information should be used to report the primary payer's payment or denial.

Reporting the "other payer" EOB/RA payment information differs based on how the participant is enrolled in MO HealthNet:

Fee-for-Service Participant	Managed Care Participant
The "other payer" EOB/RA information can be reported in **eMOMED** under the section labeled "Other Payer" located at the bottom of the claim. Some providers may also report the information using a clearinghouse or an electronic billing system.	Providers must bill the Managed Care health plan directly. Providers should reach out to the **Managed Care health plans** for specific claim filing processes to include reporting the "other payer" information.

MO HealthNet Education and Training educates providers on navigating provider resources, verifying eligibility, MO HealthNet policy, and filing Fee-For-Service claims through the eMOMED provider portal. Providers can also contact Provider Communications using the *Provider Communications Management* direct messaging tool on **eMOMED** or by calling (573) 751-2896.