



**Connecticut Department of Social Services
Medical Assistance Program
Provider Bulletin**

PB 2007-65

October 2007

TO: All Providers

SUBJECT: Pursuit of Third Party Liability (TPL)

The Connecticut Medical Assistance Program is the **payer of last resort** for all covered services. If a client has applicable third party insurance coverage, the benefits of these policies **must** be fully exhausted prior to claim submission to the Connecticut Medical Assistance Program.

It is important to investigate the possibility that a client has one or more third party insurance policies. If coverage exists on the client's eligibility file, the provider must first submit the claim to **each and every** carrier for reimbursement for services. The response from each carrier, whether a payment or denial is received, must be reported on the claim to EDS. Please refer to Chapter 8 of the Provider Manual on the www.ctmedicalprogram.com Web site for claim submission instructions. Providers are required to retain third party Explanation of Benefit (EOB) documentation on file for a minimum of five (5) years. Failure to provide payment or denial information for each and every carrier will result in claim denials.

In addition to asking the client, providers can determine other insurance coverage by accessing the client eligibility verification tool on the www.ctmedicalprogram.com Web site, EDS' Provider Electronic Solutions software, or the Automated Voice Response System (AVRS) via a touch tone phone. All of these tools are free of charge to the provider. See Chapter 4 of the Provider Manual, Client Eligibility, for complete information on accessing client eligibility.

If a provider determines that a discrepancy exists, such as the client's other insurance policy has expired, the provider **must** notify EDS' TPL Unit of the change in coverage. This is accomplished by completing and sending a TPL Information Form to EDS. Instructions for completing the TPL Information Form can be found in Chapter 5 of the Provider Manual.

PLEASE NOTE: A discrepancy on the client's eligibility file will continue to cause claims to deny for EOB 108 "Bill Private Carrier First" until resolved by the Department of Social Services.

We appreciate your cooperation with ensuring that the Connecticut Medical Assistance Program remains the payer of last resort.

This bulletin and other program information can be found at www.ctmedicalprogram.com.

Questions regarding this bulletin may be directed to the EDS Provider Assistance Center -

Monday through Friday from 8:30 a.m. to 5:00 p.m. at:

In-state toll free..... **800-842-8440** or

Out-of-state or in the

local Farmington, CT area **860-409-4500**

EDS

PO Box 2991

Hartford, CT 06104

