FAQs by Providers Regarding Third Party Liability (TPL)

- **What is Third Party Liability (TPL)?**
  TPL refers to an individual’s health insurance coverage by a private/commercial insurance carrier (e.g., Tufts, Cigna, etc.) where MBHP provides secondary coverage. Secondary health insurers cover eligible charges for services not covered by the primary insurer. These charges may include co-pays, deductibles and, under certain circumstances, claims denied by the primary insurer.

- **What does this mean for providers?**
  MBHP requires providers who deliver behavioral health covered services to individuals with TPL to make diligent efforts to identify and obtain payment from other liabilities, including insurers. For example, the diligent efforts should be similar to what a provider would do if the Member did not have MBHP as secondary insurance.

- **How can a provider tell if a Member has TPL?**
  MBHP strongly recommends talking with the Member and his or her family about all insurance coverage they may have. MBHP requires providers to check the MassHealth EVS system on every date of service to verify eligibility – the MassHealth EVS system will usually state whether the Member has TPL.

- **Under what circumstances is a provider required to appeal an Explanation of Benefits (EOB) denial?**
  If a provider receives an EOB denial and he or she wants secondary coverage to provide coverage, he or she must appeal with the primary insurance except in the following circumstances:
  - EOB states the Member’s primary insurance plan does not cover the service.
  - EOB states the maximum number of units has been used.
  - EOB states the benefit lifetime maximum has been reached.

- **What if the reason for the EOB denial is lack of an authorization, a claim was not submitted in a timely manner, or the provider’s licensure level is not covered?**
  MBHP requires providers to follow all of the administrative policies of the primary payer. If those policies are not followed and this results in a denial, MBHP will not pay for that claim.

- **What if the provider is not contracted with the primary insurer and cannot get an EOB?**
  Providers should follow the same process they would if the Member did not have secondary insurance. If a provider chooses not to see a Member because the provider is not contracted with the Member’s primary insurer, then the provider should also not see the Member if the Member has MBHP as his or her secondary insurance. MBHP will not pay for denied claims when the provider is not in the primary insurer’s network or did not obtain an out-of-network agreement.

- **How does a Member having TPL affect In-Home Behavioral Services (IHBS) claims?**
  MBHP does not require an EOB from the primary insurer for MBHP Members who fall under all of the
categories below:
  o Receive In-Home Behavioral Services
  o Have MBHP coverage as the secondary insurer—Third Party Liability (TPL)
  o **Do not** have a diagnosis of Autism, Pervasive Developmental Disorder (PDD), or any 299.XX diagnostic code

MBHP **does require** an EOB from the primary insurer for Members who receive In-Home Behavioral Services, have MBHP coverage as the secondary insurer, and **do** have a diagnosis of Autism, PDD, or any of the 299.XX diagnostic codes. For these Members, EOBs from the primary insurer must be provided to MBHP along with the MBHP claim.

- **Can a Member be admitted to Community-Based Acute Treatment (CBAT) or Intensive Community-Based Acute Treatment (ICBAT) if it is not a covered service through their primary insurance but is through the secondary?**
  Yes. If it is determined by MBHP that the Member meets medical necessity criteria, then MBHP will authorize CBAT or ICBAT.

- **If the primary insurance is contracted with a limited number of CBATs or ICBATs, can the ESP call other CBATs or ICBATs to try to secure a bed?**
  The ESP should call only the CBAT/ICBAT providers that are covered through the primary insurance. If there are no beds, then they should call the primary insurance to discuss out of network options.

- **Will MBHP pay a deductible for a service such as psychological testing?**
  If the primary insurer has a deductible for a service that is a covered service for MBHP and it meets medical necessity criteria, then the co-pay or deductible should be covered.

- **What if the primary insurer approves a higher level of care than the ESP feels is warranted?**
  The ESP is encouraged to discuss their recommendation with MBHP, and if it is determined that the Member could be safely maintained in a less restrictive level of care and it meets medical necessity, the service will be authorized.

- **Will MBHP require providers to pursue legal or judicial appeals?**
  No, MBHP will not require providers to pursue legal or judicial appeals.

If you have any questions, please contact our Community Relations Department at **1-800-495-0085** (press 1 for the English menu, 2 for the Spanish menu, then 3 and then 1 to skip prompts) Monday through Thursday, 8:00 a.m. to 5:00 p.m., and on Fridays from 9:30 a.m. to 5:00 p.m.