

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

REQUIREMENTS FOR THIRD PARTY LIABILITY - DETERMINING LIABILITY OF THIRD PARTIES

1. FREQUENCY OF DATA EXCHANGES:

- a. State Wage Information Collection Agency, SSA Wage and Earnings Files, and Title IV-A Program

The Department conducts a data exchange with the state wage information collection agency, the Nebraska Department of Labor, on a quarterly basis with updates nightly; this exchange includes the Title IV-A program. SSA wage and information files are part of the Department's integrated wage data base, and matches are conducted twice a month on new applicants and approvals.

- b. Workers' Compensation

The Department is not conducting a data exchange with the Nebraska Workers' Compensation Court. Although discussions were held and the Workers' Compensation Court was amenable to the match, critical data elements for the success of an exchange are not key elements within the computer system for the Compensation Court. Names are not normalized or spellings verified, dates of birth are not available and individual social security numbers are not verified. Because a reliable match can not be produced, the Department has no plans to pursue the match unless or until the key elements become verified data elements.

- c. State Motor Vehicle Agency

The Nebraska Department of Roads who has the responsibility over the motor vehicle accident reports has not been able to provide a data file which could be used for TPL purposes. The accident file does not contain verified SSNs, dates of birth, or names of other accident victims.

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However, the Department has been able to secure terminal access to the Department of Road's accident records file which includes a menu screen and accident summary page. The accident records file permits the State to enter the driver's name and date of accident (information often received from the county office) and thus obtain information as to the location of the accident, and available insurance information.

- d. The Department receives, on a quarterly basis, a report identifying those paid claims for Medicaid recipients that contain diagnosis codes 800 through 999 (ICDCM) International Classification of Disease. 9th Revision, Clinical Modification, Volume 1).

2. FOLLOW-UP PROCEDURES

- a. SWICA, SSA wage and earnings files, and Title IV-A Data Exchanges

The IV-A agency identifies and reports to the Medicaid agency third party resources within 30 days via the insurance file.

- b. Health insurance information and Workers' Compensation Date Exchange

Local office staff report health insurance information to the TPL Unit within 60 days after it is obtained from the Medicaid applicants/recipients.

The Department does not conduct a data exchange with the Workers' Compensation Court. However, when workers' compensation coverage is identified from information provided by sources such as clients, local office staff, medical providers, etc. an indicator is placed on the client's eligibility record within 60 days of receipt so that future claims will edit and be reviewed for potential TPL.

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c. State Motor Vehicle Accident Report File Data Exchange

The Department does not conduct a data exchange with the State Department of Motor Vehicles. However, when information provided by sources such as clients, local office staff, medical providers, etc. indicates an injury due a motor vehicle accident, the Department has on-line access to the accident report files. Information is obtained and, when applicable, an indicator is placed on the client's eligibility record within 60 days of receipt so that future claims will edit and be reviewed for potential TPL.

d. Diagnosis and Trauma Code Edits

After review of the quarterly report of paid trauma code claims and subsequent investigation, if a liable third party is identified and the third party is a currently available resource, recovery is pursued within 60 days. When appropriate, an indicator is added to the recipient's eligibility record within 60 days so that future claims will edit and be reviewed for potential TPL.

To determine the trauma codes that yield the highest third party collections for purposes of prioritizing follow-up activities on those codes, the Department receives a quarterly report of recovery activity. The report lists those claims in descending order from the highest recovered amounts for each trauma code to the least recovered amounts.

The Department uses a \$250.00 threshold in determining whether to pursue recovery after a liable third party has been identified.

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