



Enterprise Objective Monitoring and Control Services

D8: Third-Party Liability (TPL)
MITA Assessment

Submitted by:

BerryDunn
250 Avenida Luis Muñoz Rivera
Suite 1118
San Juan, PR 00918
207.541.2200

Bill Richardson, Contract Manager

brichardson@berrydunn.com

Zachary Rioux, Portfolio Manager

zrioux@berrydunn.com

Khrista Eades, Program Manager

keades@berrydunn.com

Submitted On: January 30, 2024

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1.0 Introduction and Purpose

This Third-Party Liability (TPL) MITA Assessment employs a similar approach used for PRMP's 2022–2023 MITA IT Investment Strategy and provides a targeted assessment of MITA business processes impacted by future PRMP TPL activities.

The MITA Assessment will help support the continued alignment of PRMP Medicaid Enterprise (ME) project investments to its overarching ME goals and objectives and:

- Help with the operationalization of ME investment related activity updates to be included in the annual MITA SS-A
- Help reduce the level of effort associated with completing PRMP's annual MITA SS-A
- Allow PRMP to validate MITA impacts to the overall State Medicaid Agency (SMA) enterprise as TPL activities are introduced into the ME and ME Governance Roadmaps or are initiated due to new policy or other business needs
- Help to determine potential IT project funding opportunities that PRMP can leverage through the Advanced Planning Document (APD) process
- Outline outcomes and benefits associated with a specific PRMP project or initiative, in this case the TPL initiative

This TPL MITA Assessment document is comprised of the following sections specific to PRMP's TPL Initiative:

- **1.0 Introduction and Purpose:** This section will provide PRMP with an overview of the TPL MITA Assessment and outline a summary of the document's content.
- **2.0 TPL Goals and Outcomes Assessment:** This section will outline the MITA goals and objectives and their alignment to proposed PRMP TPL state-specific outcomes and CMS TPL outcomes.
- **3.0 CMS TPL Overview:** This section will provide an overview of TPL from a CMS perspective and outline its different requirements such as identification of TPL, cost avoidance, pay and chase, and recovery.
- **4.0 PRMP TPL As-Is Assessment:** This section will describe the As-Is state of the business processes mapped to PRMP's TPL Initiative. This section will also outline PRMP's gaps for each of the CMS TPL Requirements.
- **5.0 PRMP TPL To-Be Analysis:** This section will describe the To-Be environment of the business processes mapped to PRMP's TPL Initiative. This section will also outline recommendations to help address PRMP's gaps for each of the CMS TPL Requirements.
- **6.0 TPL Solution Integration:** This section will describe the alignment of PRMP's TPL Initiative to current Conceptual Technical Design (CTD) and will also outline the ME

systems and applications inventory for those business processes impacted by PRMP's TPL Initiative.

- **7.0 TPL Resource Management:** This section will provide guidance on how PRMP could fulfill staff requirements to conduct services and processes in support of PRMP's TPL Initiative.
- **Appendix A: TPL Business Process Outcomes Matrix:** This section will include any state-specific outcomes, CMS outcomes, and MITA outcomes developed for the business processes impacted by PRMP's TPL Initiative.
- **Appendix B: TPL MITA IA Outcomes Matrix:** This appendix will outline the Information Architecture (IA) specific outcomes for TPL.
- **Appendix C: TPL MITA TA Outcomes Matrix:** This appendix will outline the Technical Architecture (TA) specific outcomes for TPL.
- **Appendix D: List of Acronyms:** This section lists the acronyms that appear throughout this document.

2.0 TPL Goals and Outcomes Assessment

The MITA 3.0 Framework identifies high-level goals and objectives that should be considered as SMAs work to modernize their MES. Proposed PRMP TPL State-specific outcomes should typically align to the overarching CMS MITA Goals and Objectives. This helps PRMP understand and validate the alignment of new ME project investments against CMS Medicaid program goals and objectives.

The table below outlines several CMS MITA Goals and Objectives as well as CMS and potential State-specific outcomes for PRMP's TPL Initiative.

Table 1: CMS MITA Goals and Objectives/TPL Outcomes Alignment

CMS MITA Goals and Objectives	CMS TPL Outcomes
<ul style="list-style-type: none"> Promote an environment that supports flexibility, adaptability, and rapid response to changes in programs and technology. Promote an enterprise view that supports enabling technologies that align with Medicaid business processes and technologies. 	<ul style="list-style-type: none"> TPL1: The system does the following: <ul style="list-style-type: none"> Records third parties, Determines the liability of third parties, Avoids payment of third-party claims, Recovers reimbursement from third parties, After Medicaid claims payment, and Records information and actions related to the plan. TPL2: The system records other health insurance information at the time of application or renewal for Medicaid eligibility that would be useful in identifying legally liable third-party resources. TPL4: The system rejects and returns to the provider for a determination of the amount of liability for all claims for which the probable existence of TPL is established at the time the claim is filed. TPL5: For claims identified with a third-party liability and designated as "mandatory pay and chase," the system makes appropriate payments and identifies such claims for future recovery. (Examples include preventive pediatric services provided to children, or medical child support from an absent parent.) TPL9: The system can generate reports on data exchanges and trauma codes so that the state can evaluate its TPL identification process.
<ul style="list-style-type: none"> Coordinate with public health and other partners; integrate health outcomes within the Medicaid community. Provide performance measurement for accountability and planning. 	<ul style="list-style-type: none"> TPL12: Before requesting information from or releasing information to other agencies to identify legally liable third-party resources, State must execute data exchange agreements with those agencies. TPL13: The system tracks TPL reimbursements received so that the State can reimburse the federal government in accordance with the state's FMAP.

CMS MITA Goals and Objectives	CMS TPL Outcomes
<ul style="list-style-type: none"> Promote good practices. 	
<ul style="list-style-type: none"> Develop seamless and integrated systems that communicate effectively to achieve common Medicaid goals through interoperability and common standards. Support interoperability, integration, and an open architecture. Promote reusable components through standard interfaces and modularity. 	<ul style="list-style-type: none"> TPL11: As determined by the State policies, system(s) enables the state to manage and oversee TPL recoveries made by its MCOs. TPL12: Before requesting information from or releasing information to other agencies to identify legally liable third-party resources, State must execute data exchange agreements with those agencies. FM6: The state recovers TPL payments by: <ul style="list-style-type: none"> Tracking individual TPL transactions, repayments, outstanding amounts due Aggregating by member, member type, provider, third party, and time span Alerting state recovery units when appropriate Electronically transferring payments to the state

2.1 TPL Strengths and Challenges

The following table provides the anticipated strengths and challenges associated with PRMP's TPL Initiative.

Table 2: Primary TPL Strengths/Challenges

Primary Strengths	Primary Challenges
Increases the use of analytics for decision-making and reporting by capturing TPL and claims information.	Requires increased collaboration with other intrastate agencies such as ASES, carriers (MCOs), and external entities or vendors.
Ensures Medicaid is payor of last resort for all health service claims	Requires revisions to the State Plan as changes occur to the Medicaid enterprise.
Help reduce the amount of money lost due to improper claims payment	Difficulty collecting complete, accurate, and update coverage information from beneficiaries and providers.
Improves compliance by providing a standard approach to identify additional fraud, waste, and abuse (FWA) in TPL payments, which increases the integrity of PRMP program operations	Requires PRMP bandwidth to manage the operations to help ensure secure data exchange with stakeholders and other business partners.
Provides additional Coordination of Benefits (COB)	Creating a centralized TPL repository that supports interoperability between existing PRMP, ASES, carriers and other health insurance data source systems that are currently operating in silos.

3.0 CMS TPL Overview

As per CMS' 42 C.F.R. §433 Subpart D¹, all sources of health care coverage must pay for their part of any submitted claims under their policies before Medicaid will pay for the care of an eligible individual. Federal regulation refers to this requirement as TPL, meaning payment is the responsibility of a third party other than the individual or Medicaid. Medicaid enrollees (providers and members) must also cooperate with state efforts to pursue other sources of coverage.

SMA's gather information regarding potentially liable third parties, including information about other sources of health coverage, when individuals apply for medical assistance. This information is periodically updated whenever a Medicaid enrollee's eligibility is renewed².

Third-party payers are not responsible for reimbursing Medicaid for services not covered by the Medicaid State Plan. In general, if a State has determined that a potentially liable third party exists, it must attempt to ensure that the provider bills the third party first before sending the claim to Medicaid; this is known as cost avoidance. Whenever a State has paid claims and subsequently discovers the existence of a liable third party, it must attempt to recover the money from the liable third party; this is known as pay and chase³.

3.1 CMS TPL Requirement #1: SMA Identification of TPL

To implement the Medicaid TPL requirements, federal rules require states and territories to take reasonable measures to identify potentially liable third parties and process claims accordingly.

Federal law also requires the SMA's do the following:

- Collect health insurance information at the time of application and redetermination for Medicaid.
- Collect absent parent information and exchange data with other agencies to obtain member and absent parent employment information, information on workers' compensation, and state accident reports.
- Use claim edits to identify procedures related to trauma and follow up on those edits in a timely manner.

3.2 CMS TPL Requirement #2: SMA Cost Avoidance

¹ Schaeffer, Leonard D., Standford G. Ross, January 29, 1980. "42 CFR Part 433 Subpart D". Accessed December 15, 2023. <https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-C/part-433/subpart-D>

² "Coordination of Benefits & Third-Party Liability". Accessed January 23, 2024. <https://www.medicaid.gov/medicaid/eligibility/coordination-of-benefits-third-party-liability/index.html>

³ December 7, 2007. "Deficit Reduction Act Important Facts for State Policymakers". Accessed January 23, 2024. <https://www.cms.gov/regulations-and-guidance/legislation/deficitreductionact/downloads/tpl.pdf>

SMAs must apply cost avoidance payment procedures to claims for most Medicaid items and services.

Under cost avoidance procedures, the State must reject claims for which a third party is or may be liable and should instruct the provider to collect from the third party. Once the provider determines the amount of the third party's liability, the provider submits a claim to the SMA for any remaining balance, up to the maximum amount allowed under the State's payment schedule; this is called Coordination of Benefits (COB).

3.3 CMS TPL Requirement #3: SMA Pay and Chase

Some COB services are subject to pay and chase, meaning the SMA pays for the services and then seeks reimbursement for the services from the liable third party.

SMAs must first pay for claims for preventive pediatric services and then seek reimbursement from a liable third party, including an absent parent. SMAs must also first pay on claims for Medicaid services provided to an individual for whom child support enforcement is being conducted by the State.

If TPL is identified after a claim is filed or paid, the Medicaid agency must pay the claim and then promptly seek reimbursement from the primary insurer. SMAs must identify paid claims for members that contain diagnosis codes that indicate trauma such as injury, poisoning, or other external causes, to determine the legal liability of potential third parties.

3.4 CMS TPL Requirement #4: SMA TPL Recovery

If the SMA learns of the existence of a liable third party after a claim is paid, or if benefits become available from a third party after a claim is paid, the agency must seek recovery.

The SMA may place a lien against an individual's property, both personal and real, before his or her death. Medicaid can also file a petition against a deceased individual's estate to collect payment for any previously paid or pending Medicaid claims. If the SMA paid claims for the beneficiary at age 55 or over, it must recover from the individual's estate the costs of nursing facility services, home and community-based services, and related hospital and prescription drug services.

The agency may place a lien against an individual's property, both personal and real, before his or her death. Medicaid can also file a petition against a deceased individual's estate to collect payment for any previously paid or pending Medicaid claims.

For information on PRMP's As-Is environment relating to the above TPL requirements, please refer to Section 4.0

4.0 PRMP TPL As-Is Assessment

4.1 PRMP TPL Identification

Puerto Rico enrolls members with known sources of TPL in MCOs and contractually requires that MCOs assume responsibility for cost avoidance. Puerto Rico also performs recoveries against moneys received by members from class action lawsuits. Currently the member provides TPL information as part of the application for Medicaid and the Insurance Commissioner's office sends a file of all insurance information to ASES and to the MCOs per member.

Puerto Rico currently uses the following sources of information for TPL identification:

- Private health insurance – MEDITI3G/Insurance Commissioner File to ASES
- Medicare –MEDITI3G
- Product liability claims – Program Integrity Unit (PIU)
- Indemnity health insurance – Insurance Commissioner File to ASES
- Other government programs – (Child Support, Social Security Administration (SSA), among others.)

4.1.1 As-Is PRMP TPL Identification Gaps

As-Is Gaps identified include the following:

- Data (i.e., insurance information) received by ASES and the MCOs from the insurance commissioners is not shared with PRMP.
- TPL information stored in MEDITI3G is not being sent to ASES or the MCOs.
- PRMP is not utilizing all the existing federal required sources for TPL identification.
- MEDITI3G currently stores TPL however, this data is not updated beyond the beneficiary's initial application.
- PRMP data exchange agreements with other state or commonwealth agencies as it relates to identifying third party resources may not be in place or actively monitored.

4.2 PRMP TPL Cost Avoidance

Currently ASES shares insurance information with MCOs monthly. The most recent MCO contract requires that MCOs assume responsibility for Cost Avoidance. The MCOs submit a quarterly cost avoidance report to ASES (*Report 31: Cost Avoidance Report*). As per the ASES and MCO contract, the report shall describe, as specified by ASES, the MCOs findings regarding routine audits of network providers to evaluate cost-avoidance performance.

The MCOs also conduct data matching at some level after receiving the Insurance Commissioner's office file to support their cost avoidance process.

4.2.1 PRMP TPL Cost Avoidance Gaps

As-Is Gaps identified include the following:

- PRMP does not have transparency into the MCOs' cost avoidance activities and therefore is unable to measure the efficiency or accuracy of the MCOs' TPL cost avoidance performance.
- PRMP does not have a process or system in place to receive and maintain accurate and up to date TPL information directly from providers, MCOs, and/or ASES.
- PRMP does not directly receive reports from MCOs and/or ASES showing the number of claims that were cost avoided and the amount saved through cost avoidance measures.

4.3 PRMP TPL Pay and Chase

Current MCO contract terms appear to meet CMS's requirements for pay and chase exceptions, including pediatric preventive services and EPSDT services. When the MCO becomes aware that an member has retained counsel, who either may institute or has instituted a legal cause of action for damages against a third party, the MCO shall notify ASES in writing, including the member's name and GHP member identification number, the date of the accident/incident, the nature of the injury, the name and address of the member's legal representative, copies of the pleadings, and any other documents related to the action in the MCO's possession or control. This includes, but is not limited to, the name of the provider, the member's diagnosis, the covered service provided to the member, and the amount paid to the provider for each service. The contract also states that carriers should seek recovery based on trauma diagnosis codes or trauma indicator on the claim.

If TPL is identified after a claim is filed or paid, PRMP must seek reimbursement from the primary insurer. In some circumstances, states and territories can pay claims where TPL is probable (e.g., claims resulting from a car accident) however, if identified they must pursue reimbursement promptly.

4.3.1 PRMP TPL Pay and Chase Gaps

As-Is Gaps identified include the following:

- MCOs do not appear to report on the amounts recovered for pay and chase claim recoveries, and the contract language states that MCOs keep what they recover for subrogated claims.
- PRMP does not receive any types of reports that provide information on the total amounts of monies collected by MCOs through pay and chase activities.
- PRMP does not have the insight into claims that have already been processed through another payor prior to submission to Medicaid.

4.4 PRMP TPL Recovery

Currently PRMP recovers monies received by members from class action lawsuits. The ASES and MCO contract states the MCO shall notify ASES within thirty (30) calendar days of the date it becomes aware of the death of one of its Medicaid Eligible members of age fifty-five (55) or older. The MCOs shall provide the member's full name, Social Security number, and date of death. ASES will then determine whether it can recover correctly paid Medicaid benefits from the member's estate⁴.

Puerto Rico does not pursue TPL if PRMP determines that the cost of pursuing the recovery exceeds the potential TPL recoupment or if pursuing a recovery duplicates another activity, such as child support enforcement. ~~PRMP TPL Recovery Gaps~~

4.4.1 PRMP TPL Recovery Gaps

As-Is Gaps identified include the following:

- PRMP is not currently pursuing trauma or estate recoveries. PRMP does not provide nursing facility or home and community-based services therefore, this kind of recovery is not likely to provide PRMP with a good return on their investment (ROI).
- PRMP does not currently specify a threshold amount or other guideline used to determine whether or not they will seek recovery within their State Plan Amendment (SPA).

4.5 MITA TPL As-Is Business Process Assessment

PRMP decided to perform an MITA Assessment for its TPL initiative. PRMP's TPL Initiative has been mapped to MITA business processes and the TPL MITA Assessment Outcomes Matrix and includes mapping detail of MITA business processes to CMS, MITA, and proposed PRMP specific outcomes. PRMP's TPL MITA Assessment will also be included as part of the next 2024 MITA IT Investment Strategy Document annual update.

Table 3 below outlines the MITA business areas and associated As-Is business processes mapped to PRMP's TPL Initiative.

⁴ Marín Ramos, Edna Y., Ricardo A. Rivera Cardona, December 29, 2022. "ASES and MMM Multihealth, LLC.: PROVISION OF PHYSICAL & BEHAVIORAL HEALTH SERVICES UNDER THE GOVERNMENT HEALTH PLAN PROGRAM". Accessed January 23, 2024. <https://www.asespr.org/wp-content/uploads/2023/01/23-045-MMM-MULTI-HEALTH-LLC.-VITAL.pdf>

Table 3: TPL MITA Business Areas/Processes

Business Areas	Business Processes
Care Management (CM)	Establish Case (CM01)
Eligibility and Enrollment (EE)	Determine Member Eligibility (EE01)
	Enroll Member (EE02)
Financial Management (FM)	Manage TPL Recovery (FM02)
	Manage Estate Recovery (FM03)
	Manage Accounts Receivable Information (FM06)
Performance Management (PE)	Determine Adverse Action Incident (PE04)
Provider Management (PM)	Manage Provider Communication (PM02)

4.5.1 Care Management

The Care Management (CM) business area encompasses business processes that support the care of individuals and specific populations. This area also includes the promotion of targeted health education and awareness outreach, registries, and authorization of Medicaid services and payment.

TPL MITA Care Management Business Process Assessment

Establish Case (CM01)

As-Is: As part of the Establish Case (CM01) process, PRMP will continue overseeing ASES contracts to require MCOs to comply with the payer-to-payer-requirement. Payers are required to exchange certain patient clinical data at the patient's request, allowing the patient to take their information as they move from payer-to-payer to help create a cumulative health record with their current provider.

4.5.2 Eligibility and Enrollment

The Eligibility and Enrollment (EE) business area is divided into two categories: Member Enrollment and Provider Enrollment. This business area is responsible for the EE information of the member data store and the provider data store.

The business processes in the Member Enrollment category facilitate the determination of Medicaid eligibility for prospective members, redetermination for existing members, and enrolling and disenrolling members.

TPL MITA Eligibility and Enrollment Business Process Assessment

Determine Member Eligibility (EE01) and Enroll Member (EE02)

As-Is: The Determine Member Eligibility (EE01) and the Enroll Member (EE02) processes are expected to mature as PRMP's TPL Initiative evolves. PRMP provides eligibility data from MEDITI3G to ASES and MCOs for members enrolled with known sources of TPL and contractually requires that the MCO assume responsibility for cost avoidance and recovery.

4.5.3 Financial Management

The Financial Management (FM) business area is a collection of business processes supporting payments to providers, MCOs, and other agencies; this business area also supports the receipt of payments from other insurers, providers, and member premiums and financial participation. These processes share a common set of payment-and receivables-related data.

TPL MITA Financial Management Business Process Assessment

Manage TPL Recovery (FM02)

As-Is: PRMP has an option to consider updating the existing MCO contracts to include language that would be applicable to all Medicaid services and require MCOs to provide evidence in support of their compliance with the Final Rule and the payer-to-payer requirement.

Manage Estate Recovery (FM03)

As-Is: Plans for improvements that would begin the capabilities, business, information, and technical architectures in the Manage Estate Recovery (FM03) business process have not been developed and are currently under PRMP consideration. PRMP currently recovers monies received by members from class action lawsuits as part of its recoupment efforts.

The ASES and MCO contract says carriers must notify ASES when they become aware of the death of one of their members aged fifty-five or older. Although PRMP receives a notification of death from SSA, ASES also notifies PRMP operations when they get notified about a death. The contract also currently states that ASES (or another agency of the Government) has the sole and exclusive right to pursue and recover correctly paid benefits from the estate of a deceased enrollee who was Medicaid Eligible in accordance with federal and Puerto Rico law.

Manage Accounts Receivable Information (FM06)

As-Is: PRMP is currently processing some TPL Recoveries received by members from class action lawsuits as part of their Manage Accounts Receivable Information (FM06) process.

4.5.4 Performance Management

The Performance Management (PE) business area focuses on identifying, monitoring, and investigating unusual activity or utilization.

TPL MITA Performance Management Business Process Assessment

Determine Adverse Action Incident (PE04)

As-Is: As part of the Determine Adverse Action Incident (PE04) business process, the PRMP PIU Director notifies multiple entities after determining audit results. The notifications are sent via a letter generated from the Case Tracking tool to law enforcement agencies and the Medicaid Fraud Control Unit (MFCU) office for a possible criminal investigation. The providers are then notified with the outcome of the adverse action through a letter with supporting evidence and documentation if applicable. The PIU Director will then determine if a provider should be terminated or disenrolled and the applicable entities are notified of the adverse action outcome and if the audit is closed.

4.5.5 Provider Management

The Provider Management (PM) business area focuses on managing provider information, outreach, and communication, as well as terminations, grievances, and appeals when necessary.

TPL MITA Provider Management Business Process Assessment

Manage Provider Communication (PM02)

As-Is: PRMP currently completes an ASES letter template to conduct the Manage Provider Communication (PM02). ASES sends the letter to MCOs to communicate the information to providers. Provider notices can also be issued and managed through the PRMP PEP system.

5.0 PRMP TPL To-Be Analysis

This section provides some recommendations for PRMP to consider as it develops the future state of its TPL program. It also gives insight into the potential To-Be impacts on those MITA business processes that were identified as being aligned to the TPL initiative. PRMP Administrative Order 584, Implementation of TPL policies and Establishment of Medicaid as payor of last resort, was signed on January 4, 2024. The administrative order along with the following TPL To-Be considerations, will help PRMP as it plans for future enhancements to its TPL activities.

5.1 PRMP TPL Identification To-Be Considerations

Table 4: TPL Identification As-Is Environment Gaps and To-Be Vision Considerations

Section & Gap #	As-Is Environment Gaps and Considerations for To-Be Vision
4.4.1	<p>As-Is Environment Gaps Relating to TPL Identification:</p> <ul style="list-style-type: none"> • Data (i.e., insurance information) received by ASES and the MCOs from the insurance commissioners is not shared with PRMP. • TPL information stored in MEDITI3G is not being sent to ASES or the MCOs. • PRMP is not utilizing all the existing federal required sources for TPL identification. • MEDITI3G currently stores TPL however, this data is not updated beyond the beneficiary's initial application. • PRMP data exchange agreements with other state or commonwealth agencies as it relates to identifying third party resources may not be in place or actively monitored.
	<p>Considerations for To-Be Vision:</p> <ul style="list-style-type: none"> • PRMP may consider using the following additional sources for identifying TPL: <ul style="list-style-type: none"> ○ State wage information and SSA wage and earnings files data to identify absent parents' employers as sources of insurance. ○ Workers' compensation or industrial accident commission files to identify Medicaid members and absent parents with employment-related injuries or illnesses. ○ Motor vehicle accident report files to identify those Medicaid members injured in motor vehicle accidents. ○ Claims for trauma diagnosis information

Section & Gap #	As-Is Environment Gaps and Considerations for To-Be Vision
	<ul style="list-style-type: none"> PRMP could integrate data matching to identify third-party resources as part of their TPL initiative or increase oversight of the MCO's TPL data matching process. PRMP should consider requiring TPL information to be reassessed during both enrollment and renewals. PRMP should consider entering into, managing, and/or maintaining current data exchange agreements with state or commonwealth agencies.

5.2 PRMP TPL Cost Avoidance To-Be Considerations

Table 5: TPL Cost Avoidance As-Is Environment Gaps and To-Be Vision Considerations

Section & Gap #	As-Is Environment Gaps and Considerations for To-Be Vision
4.2.1	<p>As-Is Environment Gaps Relating to TPL Cost Avoidance:</p> <ul style="list-style-type: none"> PRMP does not have transparency into the MCOs' cost avoidance activities and therefore is unable to measure the efficiency or accuracy of the MCOs' TPL cost avoidance performance. PRMP does not have a process or system in place to receive and maintain accurate and up to date TPL information directly from providers and MCOs. PRMP does not directly receive reports from MCOs showing the number of claims that were cost avoided and the amount saved through cost avoidance measures.
	<p>Consideration for To-Be Vision:</p> <ul style="list-style-type: none"> PRMP may want to consider the following improvement activities: <ul style="list-style-type: none"> Helping ensure that carriers are recovering against known TPL as reported by the Insurance Commissioner through the following steps: <ul style="list-style-type: none"> ASES sending the Insurance Commissioner's file to the MMIS The MMIS updating their database using the insurance data The MMIS rejecting the claims if known TPL exists PRMP working with ASES to help ensure that the actuary is including only the Medicaid paid amount when determining rates (thus accounting for amounts that are cost avoided or claims that are rejected)

Section & Gap #	As-Is Environment Gaps and Considerations for To-Be Vision
	<ul style="list-style-type: none"> PRMP working with ASES to update language in the contract to indicate the new validation of the report A TPL solution could support oversight of cost-avoid claims by requiring MCO's to report those claims on a scheduled basis directly to the PRMP via the MMIS and/or via a new TPL solution.

5.3 PRMP TPL Pay and Chase To-Be Considerations

Table 6: TPL Pay and Chase As-Is Environment Gaps and To-Be Vision Considerations

Section & Gap #	As-Is Environment Gaps and Considerations for To-Be Vision
4.3.1	As-Is Environment Gaps Relating to Pay and Chase: <ul style="list-style-type: none"> MCOs do not appear to report on the amounts recovered for pay and chase claim recoveries, and the contract language states that MCOs keep what they recover for subrogated claims. PRMP does not receive any types of reports that provide information on the total amounts of monies collected by MCOs through pay and chase activities. PRMP does not have the insight into claims that have already been processed through another payor prior to submission to Medicaid.
	Considerations for To-Be Vision: <ul style="list-style-type: none"> PRMP may want to consider the following improvement activities: <ul style="list-style-type: none"> Working with ASES to update the contract language to remove the option of allowing contractors to collect TPL outside of the claims processing system. Pursuing a TPL module to pay and chase claims, including trauma claims, and require that the new module use data sources such as: <ul style="list-style-type: none"> ASUME/MEDITI3G Corporation del Fondo del Seguro del Estado (Worker's Compensation) ACAA Tricare Other states' insurance records State motor vehicle accident report files

Section & Gap #	As-Is Environment Gaps and Considerations for To-Be Vision
	<ul style="list-style-type: none"> PRMP may want to have a process to review certain types of paid claims to determine if there is a potential third-party payer. The system may have the capability to flag claims that are being submitted for outstanding amounts post first or second payor responsibility.

5.4 PRMP TPL Recovery To-Be Considerations

Table 7: TPL Recovery As-Is Environment Gaps and To-Be Vision Considerations

Section & Gap #	As-Is Environment Gaps and Considerations for To-Be Vision
4.4.1	As-Is Environment Gaps Relating to TPL Recovery: <ul style="list-style-type: none"> PRMP is not currently pursuing trauma or estate recoveries. PRMP does not provide nursing facility or home and community-based services therefore, this kind of recovery is not likely to provide PRMP with a good return on their investment (ROI). PRMP does not currently specify a threshold amount or other guideline used to determine whether or not they will seek recovery within their SPA.
	Considerations for To-Be Vision: <ul style="list-style-type: none"> PRMP may want to consider the following improvement activities: <ul style="list-style-type: none"> PRMP to work with ASES to update the ASES-MCO contract so that it does not state that recovery monies are retained by ASES PRMP consider updating the Case Tracking system to include information necessary for recoveries PRMP consider the possibility of coordinating with a pay and chase vendor to assist in pursuing recoveries PRMP may have a system in place that can determine if a third-party payer has met their payment obligations and PRMP is the payer of last resort. PRMP can update its State Plan to specify the threshold amount or other guideline (e.g., dollar amount, period) that will be used to determine whether to seek recovery. PRMP can authorize the MCO to use a contractor to perform third-party discovery and recovery activities. <ul style="list-style-type: none"> When TPL responsibilities are delegated to an MCO, third parties are required to treat the MCO as if it were the SMA, including:

Section & Gap #	As-Is Environment Gaps and Considerations for To-Be Vision
	<ul style="list-style-type: none"> Providing access to third-party eligibility and claims data to identify individuals with third-party coverage Adhering to the assignment of rights from the state to the MCO of a Medicaid beneficiary's right to payment by such insurers for health care items or services Refraining from denying payment of claims submitted by the MCO for procedural reasons Third parties may request verification from the SMA that the MCO or its contractor is working on behalf of the agency and the scope of the delegated work⁵.

5.5 MITA TPL To-Be Business Process Analysis

Table 4 below outlines the MITA business areas and associated business processes along with their To-Be analysis. The MITA business area and processes included in this table are aligned to the MITA business areas and processes identified in Section 4.5 MITA TPL As-Is Business Process Assessment of this document.

Table 8: TPL MITA Business Process/To-Be Analysis

Business Areas	Business Processes	To-Be Analysis
Care Management (CM)	Establish Case (CM01)	The Establish Case (CM01) process is expected to mature as part of PRMP's TPL Initiative. This process should also include validation or updates to the beneficiary's records to help ensure all existing TPLs are included when the record is shared with a new or current health care provider.
Eligibility and Enrollment (EE)	Determine Member Eligibility (EE01)	The future vision for the MMIS TPL capabilities related to EE01 and EE02, includes implementation of enhanced E&E system capabilities resulting in improvements in data sharing between the MES and other State agencies. This will include MEDITI3G receiving and updating the insurance file from the Insurance Commissioner. This will also include MEDITI3G storing information about
	Enroll Member (EE02)	

⁵. "Coordination of Benefits & Third-Party Liability." Accessed December 19, 2023.

<https://www.medicaid.gov/medicaid/eligibility/coordination-of-benefits-third-party-liability/index.html>

Business Areas	Business Processes	To-Be Analysis
		<p>absent parent TPL and updating the database with absent parent information from sister agencies.</p> <p>MEDITI3G end dates all TPL eligibility at the same end date of the Medicaid enrollment and does not automatically extend the TPL information when the Medicaid is extended, and this will need to be fixed. However, the MCOs are not relying on MEDITI3G information as of this moment but are instead using the Insurance commissioner's file.</p>
Financial Management (FM)	Manage TPL Recovery (FM02)	The future vision for MMIS TPL capabilities in the Manage TPL Recovery (FM02) process includes implementation and automation of payer-to-payer COB as also mentioned in the Establish Case (CM01) process.
	Manage Estate Recovery (FM03)	Puerto Rico may consider implementing additional processes to allow for estate recoveries which would impact the Manage Estate Recovery (FM03) business process as contractually allowed with vendors and carriers. Suggested actions for improvement include establishing a sub-unit in the PRMP PIU as mentioned further in detail in the Determine Adverse Action Incident (PE04) business process. Estate Recovery efforts would provide additional methods for PRMP to recover costs associated with Medicaid service expenses provided to beneficiaries.
	Manage Accounts Receivable Information (FM06)	PRMP plans to enhance several financial processes as part of its MMIS Phase III, including the Manage Accounts Receivable Information (FM06). Key potential for enhancements includes the manual and automated rate adjustments currently being completed using data from the Micro Information Processing (MIP), ASES ES, EDW, and other applicable solutions for TPL recoupments.
Performance Management (PE)	Determine Adverse Action Incident (PE04)	PRMP also expects to enhance the Determine Adverse Action Incident (PE04) business process to help reduce the time of determining adverse actions and increase the

Business Areas	Business Processes	To-Be Analysis
		<p>accuracy when determining dispositions and closure of incidents.</p> <p>Recommended actions for improvements include establishing a sub-unit in the PRMP PIU for receiving TPL and estate recovery information from various sources such as external and internal information matches, tips, referrals, attorneys, compliance management incident, MFCU, providers, and insurance companies.</p> <p>PRMP is also conducting research to further implement an asset verification source system based on the products that other states and territories are using for identifying utilization anomalies, determining adverse action incidents, and FWA. The purpose of implementing an asset validation source system is to allow PRMP to exchange data directly through interfaces with other state agencies, such as the Department of Treasury and local financial institutions, for the purpose of validating the liquidity of beneficiaries and providers.</p> <p>PRMP is also developing a D-III initiative to help the PIU ensure anti-fraud, quality control, and integrity. The D-III initiative is an inner agency cell that will consist of resource officers for public safety, staff from the Department of Treasury, and intelligence officers. PRMP will collaborate with ASSES and providers to analyze data, regionalize the tendencies, and identify areas of fraud. ASSES is also participating with PRMP in a tactical-level operation for investigations in collaboration with MFCU, State Department of Justice (DOJ), Federal Bureau of Investigation (FBI), Department of Transportation (DOT), and OIG.</p>
Provider Management (PM)	Manage Provider Communication (PM02)	<p>Once PRMP has started to operationalize its TPL recoveries, communications to participating providers would need to be developed which would impact the Manage Provider Communication (PM02) process. PRMP would need to offer the providers training and access to the TPL solution and</p>

Business Areas	Business Processes	To-Be Analysis
		the E&E system for purposes of verifying additional TPL sources for the beneficiaries.

5.6 Other MITA TPL To-Be Areas Analysis

The Operations Management (OM) and Plan Management (PL) are also MITA business areas that may be considered in future updates or enhancements to PRMP's TPL Initiative.

The Process Claim (OM07) and Process Encounter (OM29) are predecessors of the Manage TPL Recovery (FM02) process as per the CMS MITA 3.0 Business Process Template. Currently, PRMP has no active participation in these processes for TPL beyond validating that the necessary claim edits are complete within the MMIS.

The Maintain State Plan (PL03) process could further alignment with PRMP's TPL Initiative as system updates or enhancements are implemented in PRMP's TPL solution. The PRMP TPL and State Plan teams will need to continue tracking third-party recoupment and COB activities to help ensure PRMP's policies and systems continue to align with any new CMS TPL requirements.

5.6.1 Operation Management (OM)

The OM business area is critical to the administration of the Medicaid program and includes activities necessary for processing claims and encounters, claims reprocessing, responding to payment inquiries, and managing the collection and transmittal of data.

TPL MITA OM Business Area To-Be Analysis

Claims processing is an automated process, and most claims are processed electronically. The MCOs use a mix of proprietary format and HIPAA X12 827 files to report claims information. Clean claims normally process within 24 hours. The Manage TPL Recovery (FM02) process receives claims payment information from the Process Claim (OM07) or Process Encounter (OM29) business processes.

The MMIS supports testing of new provider claims submission systems by allowing providers to submit electronic claims test files that process through the adjudication cycle without impact on system data. The MCOs submit monthly claims reports to ASES that identify the number of claims received, the number of claims denied (by reason), number of claims paid, number of claims pending (by reason), and the total amount paid for all providers by provider category. MCOs perform audits per contract to help ensure providers are not receiving duplicative payments.

Suggested actions in the To-Be environment for this process include ASES sending the Insurance Commissioner's file to MMIS, updating the MMIS database, and rejecting the claims if known TPL has not been cost avoided during claim adjudication.

5.6.2 Plan Management (PL)

The PL Business Area focuses on strategic planning, program oversight and monitoring, and policy maintenance.

TPL MITA PL Business Area To-Be Analysis

The PL area has potential to improve through additional automation of processes for program oversight and monitoring. This allows PRMP to make additional data-driven decisions. The PL area is also expected to improve due to the increased use of electronic methods to accomplish tasks. PRMP continues using several systems and tools to conduct processes within the PL Business Area, such as Insight Analytics, Power BI, and BusinessObjects; ASES utilizes COMP tool. The COMP tool collects information and identifies anomalies from utilization, claims, and encounters, among others.

Each SMA must provide assurances that state laws are in place to prohibit third-party payers (other than Medicare plans) from refusing payment for services when a prior authorization is not received under the third-party payer's rules. The PRMP State Plan will be updated to bring the agency into compliance with the above-mentioned third-party payer's rules.

In addition, PRMP will need to update its State Plan in support of the Maintain State Plan (PL03) process and TPL as follows:

- Revisions as system updates are implemented
- Updates to reflecting changes in the MCO contracts to indicate the new validation of the cost avoidance report
- Updates describing the pay and chase methods the SMA uses and the frequency of data updates

6.0 TPL Solution Integration

This MES Solution Integrations section provides a current representation of the Puerto Rico TPL Conceptual Technical Design (CTD). This section also provides an insight into the data contained within the current ME systems that may be used to support specific TPL activities.

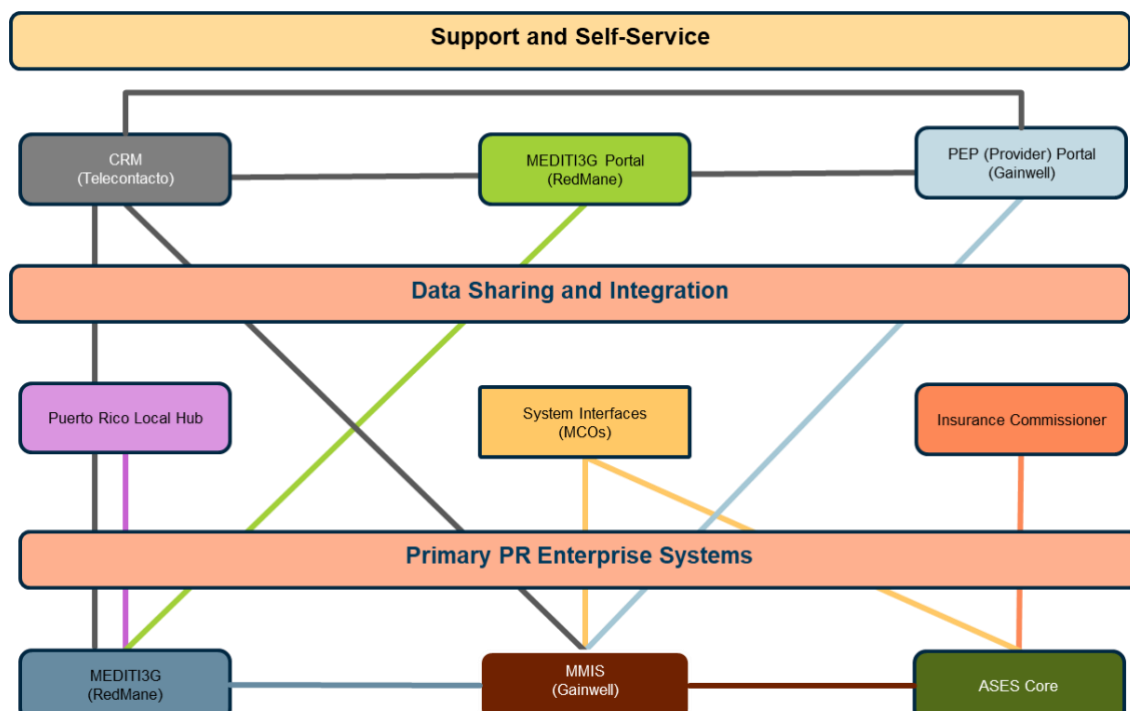
6.1 TPL CTD (As-Is)

The CTD provides a high-level overview of MES interfaces that contain data, which may be used for TPL activities within the PRMP. This TPL CTD is a tool that illustrates the interactions of the systems currently managing data for existing TPL activities. The lines indicate the connections between systems to show where system interoperability exists.

The purpose of a CTD is to create a common understanding of available systems and provides additional insight for all parties involved in the phases of detailed design and implementation. This section also includes an overview of the data within each system and its relationship to TPL requirements.

Figure 1 below represents a current conceptual view of PRMP's TPL environment.

Figure 1: TPL As-Is CTD: ME System Interfaces



6.2 ME Systems and TPL Data

Table 5 below outlines the ME systems as shown in the above CTD and provides the data that is available within the systems that may be used to support future TPL activities. As PRMP

builds out its TPL Roadmap, additional information within these systems may also be valuable in supporting TPL activities. This table can be used to determine where PRMP may be able to leverage existing ME systems, which may help to reduce the risk of duplicative efforts or provide additional cost containment opportunities for PRMP's TPL program.

Table 9: TPL Requirements/ME Systems and Data

TPL Requirements	As-Is Supporting Systems	Data
TPL Identification	MMIS	<ul style="list-style-type: none"> • Paid claims and encounters • Member enrollment and eligibility • Financial information • Provider enrollment
	MEDIT3G	<ul style="list-style-type: none"> • Member enrollment and demographics • Member private insurance information gathered during time of application
	Insurance Commissioner	<ul style="list-style-type: none"> • PRMP population health insurance information (Medicaid and other private health insurance offerings)
	ASES Core	<ul style="list-style-type: none"> • PRMP population health insurance information from Insurance Commissioner
	MCO Systems	<ul style="list-style-type: none"> • PRMP population health insurance information from Insurance Commissioner • Member enrollment and demographics
TPL Cost Avoidance	MCO Systems	<ul style="list-style-type: none"> • Cost avoidance reporting capabilities • Number of claims that have been cost avoided • Amount of funds associated with cost avoidance activities
	MMIS	<ul style="list-style-type: none"> • Paid claims and encounters • Member health plan information • Provider enrollment
TPL Pay and Chase	MMIS	<ul style="list-style-type: none"> • Paid claims and encounters • Member health plan information • Provider enrollment

TPL Requirements	As-Is Supporting Systems	Data
		<ul style="list-style-type: none"> Cases submitted for program integrity reviews
	MCO Systems	<ul style="list-style-type: none"> Provider information and demographics Amounts received through pay and chase activities Number of claims processed through pay and chase activities
TPL Recovery	MCO Systems	<ul style="list-style-type: none"> Provider information and demographics TPL recoveries and collection results TPL recovery amounts Member enrollment and demographics
Ancillary Support Systems	CRM	<ul style="list-style-type: none"> MMIS data PEP provider portal
	PEP Provider Portal	<ul style="list-style-type: none"> Provider information and demographics
	MEDIT3G Portal	<ul style="list-style-type: none"> Member eligibility and demographics

7.0 TPL Resource Management

In 2022, PRMP engaged in an Organizational Development (OD) effort to develop a functional restructuring of its Medicaid work units to achieve efficiencies and improve performance, as a means of achieving more effective services and greater accessibility to the entire population.

The Puerto Rico ME is composed of the following partner state agencies:

- **Puerto Rico Department of Health (PRDoH)** – The single state agency designated to administer medical assistance in Puerto Rico under Title XIX of the Social Security Act of 1935, as amended. PRDoH is accountable for helping to ensure the appropriate delivery of healthcare services under Medicaid and the Children’s Health Insurance Program (CHIP) in Puerto Rico.
- **PRMP** – PRMP is a division of the PRDoH responsible for facilitating the processes of eligibility for Medicaid and to access health services offered to the underserved medical population and those with socioeconomic disadvantages who do not have a health plan. PRMP manages Medicaid provider enrollment, program integrity, MMIS and eligibility system vendor contracts, federal reporting, and Medicaid program policy.
- **ASES** – ASES, or the Puerto Rico Health Insurance Administration, was created under Act Number 72 of 1993 (Act 72), also known as the Puerto Rico Health Insurance Administration Act. ASES is a public corporation working with the PRDoH as part of the ME. According to Act 72, ASES is responsible for implementing, administering, and negotiating “a health insurance system by means of contracts with insurers, entities and health service purveyors, which will eventually give all the residents of the island access to quality medical and hospital care, regardless of the financial condition and capacity to pay.”⁶ ASES and PRMP established a partnership through a Memoranda of Understanding (MOU) that has been continuously renewed over the course of the business relationship. There are also MOUs and contracts between ASES and MCOs dedicated to data exchange. ASES is also currently responsible for managing each of the contracts for the MCOs.

In continued support of PRMP’s OD efforts, an assessment was performed to identify areas of opportunity for a proposed resourcing structure to support TPL operations with PRMP. The following sections offer a high-level TPL resource management and training plan approach for PRMP’s TPL Initiative.

7.1 TPL Resource Management Planning

Addressing and right sizing the organization's TPL structure and staffing model is an important first step in creating value within PRMP and enabling effective third-party recoveries. To achieve this, PRMP may take a multi-pronged approach that includes:

- Finalization of the as-is and to-be vision for TPL within PRMP
- Assessing the current functionalities of PRMP's ME systems to determine any system or functionality or service-related gaps that would hinder operations of a new TPL program.
 - Once those gaps are identified, PRMP can then determine if TPL capabilities can be built into existing systems or if OBC procurement of a new TPL system is a more cost-effective approach.
- Identifying and assessing gaps in the current organizational structure to identify staffing development, resource shifting, or hiring needs
- Reviewing and clearly defining TPL position descriptions and ensuring that they align with functional roles, and
- Hiring and supporting new positions within the organization to support TPL program activities.
 - This includes support and leadership training for new management and governance positions responsible for TPL oversight activities.

PRMP's Outcomes Based Procurement (OBP) process may also continue helping to achieve TPL staffing efficiencies by asking vendors to describe the PRMP staffing requests that are necessary for helping to ensure a successful deployment and operationalization of PRMP's TPL Initiative.

Specifically, PRMP may ask vendors to address the following staffing utilization criteria in their RFP responses:

- The key PRMP roles are necessary to support project deliverables and scope of work.
- The nature and extent of PRMP support required in terms of staff roles and percentage of time available.
- Assistance from PRMP staff and the experience and qualification levels of required staffing for both implementation and maintenance and operations phases.

The following table depicts potential and proposed set of TPL roles that may be deemed necessary to support PRMP's TPL Initiative and operations:

Table 10: Proposed TPL Roles and Responsibilities

Project Phase	Key PRMP's TPL Initiative Roles	TPL Role Responsibilities
Implementation and Maintenance and Operations (M&O)	PRMP's TPL Initiative Sponsor	<ul style="list-style-type: none"> Endorse and communicate the mission, vision, and value of PRMP's TPL Initiative to PRMP vendors and agencies articulating expected support and alignment to project objectives Provide project oversight, timely decisions, and approvals as/when requested to support project progress.
Implementation and M&O	Medicaid Director	<ul style="list-style-type: none"> Enable and endorse collaboration with supporting TPL vendors and agencies responsible for sharing third-party data to PRMP Provide guidance and support to TPL leadership to help ensure project deliverable expectations are met and seamless integration of the new TPL system into the existing MES.
Implementation and M&O	Program Management Office (PgMO) Director	<ul style="list-style-type: none"> Provide oversight for the TPL system implementation and its integration into the MES Leadership and oversight of project resource(s) assignments and funding availability for PRMP's TPL Initiative.
M&O and Execution	Operations Lead	<ul style="list-style-type: none"> Provide PRMP operations leadership and serve as single point of contact for the final deployment of TPL into operations Provide executive leadership during CMS Operational Readiness Review (ORR) and Certification Review (CR).
All PRMP's TPL Initiative Phases	TPL Administrator	<ul style="list-style-type: none"> Serve as Subject Matter Expert (SME) during the TPL system development to ensure all policy and CMS program requirements are met during the design, development, and initiation of the new TPL system Ensure consistent communication between PRMP, its data sharing partners and other TPL stakeholders Oversight and management of new TPL system and resources assigned to identify and recover any third-party payments.
Implementation and M&O	TPL Certification Lead	<ul style="list-style-type: none"> Liaison between TPL business and technical SMEs to ensure all CMS TPL certification outcomes are met Accountable for gathering and tracking all required TPL certification evidence and uploading that evidence along with a complete TPL certification intake form into the CMS Certification portal (box) Partnering with the TPL vendor's certification lead to ensure all system outcomes are accurate and approved by PRMP business users prior to sharing with CMS certification team.
Implementation and Execution	Legal Advisor	<ul style="list-style-type: none"> Ensure all Memoranda of Understanding (MOUs) and other data sharing governance requirements are accurate, up to

Project Phase	Key PRMP's TPL Initiative Roles	TPL Role Responsibilities
		<p>date, and tracked throughout the life cycle of the data sharing agreements.</p> <ul style="list-style-type: none"> Offer legal interpretations related to TPL recoupments per legal or estate settlements as needed.
All PRMP's TPL Initiative Phases	Contract Manager	<ul style="list-style-type: none"> Ensure all contracted TPL system Service Level Agreements (SLA)s and Key Performance Indicators (KPIs) are met Assist with helping PRMP's TPL Initiative team in identifying and/or rectifying gaps found within any contracted deliverables.
Implementation and M&O	Customer Service Representatives	<ul style="list-style-type: none"> Assist beneficiaries and providers in rectifying any third-party liability issues, and aiding with any TPL questions or concerns, PRMP may also consider leveraging existing call center staff to fulfill this role. Develop and submit data that may help identify trends or other training needs based on TPL questions and assistance being provided to beneficiaries and providers.
M&O and Execution	TPL Business Analyst(s) and Account Examiners	<ul style="list-style-type: none"> Provide SME support during the design, development, and initiation phases of PRMP's TPL Initiative Determine availability and liability of third-party payers for Medicaid beneficiary health care expenditures Determine the correct Medicaid services available for beneficiaries with third-party payors during the enrollment process Work with PRMP and vendor certification teams to help gather evidence for CMS certification.

7.2 TPL Resource Management Training

Ensuring that the most vulnerable have dependable and timely access to health care services is a top priority for PRMP. Medicaid beneficiaries may also have one or more additional sources of health care coverage or other resources that can be used to pay for part, or all Medicaid assistance expenditures furnished under a Medicaid State Plan. As a good steward of tax payor dollars, SMAs are required to take all reasonable measures to determine the legal liability of any third parties for the payment of care and services available under the Medicaid State Plan.

To fulfill this requirement, PRMP must have sufficient staff to provide TPL Recovery and effectively manage the COB services. To gain operational efficiencies, PRMP should consider developing a comprehensive resource training center of excellence designed to recruit and retain top talent.

Specific TPL training could include activities designed to enhance an employee's third-party recoupment knowledge and include Desk Level Procedure (DLP) documents, user guides and train the trainer opportunities. Once PRMP has defined their TPL road map, they may want to consider revisiting training options to ensure all staff training needs are being met in a timely

manner. If PRMP initiates its OBP process for TPL, they may consider leveraging the procurement to include training support as a vendor requirement. Additional training activities to consider include the following:

- Training on TPL systems to help staff identify any additional TPL entities that may not have been disclosed during the application process
- Creating COB training opportunities for TPL and other program integrity staff, which develop skills and standardizes processes around determining the correct Medicaid services packages for those beneficiaries having coverage through another individual, entity insurance, or programs liable to pay for health care expenditures
 - This includes any pending estate or other legal settlements that include payment for any incurred health care expenditures
- Regularly scheduled TPL/COB meetings between staff and management to discuss CMS state guidance on third-party liability in Medicaid as new initiatives or guidance is released to SMAs

Appendix A: TPL MITA BP Outcomes Matrix

Appendix A includes the FFY2024 MITA Outcomes Matrix within the TPL MITA Assessment Document. The Matrix maps business processes to MITA-specific outcomes and metrics with derived language from the MITA 3.0 Framework Capability Matrices.

Appendix B: TPL MITA IA Outcomes Matrix

Appendix B outlines several IA capabilities and proposed system outcomes for PRMP's TPL Initiative. The targets of these suggested enhancements are set at Level 3, which requires SMAs to use industry standards, permit collaboration, data sharing, and interoperability across its MES. Level 3 was selected to align to the desired To-Be scores from PRMP's previous 2021 MITA 3.0 SS-A Report and the 2022-2023 MITA Outcomes Matrix.

Appendix C: TPL MITA TA Outcomes Matrix

Appendix C outlines several TA capabilities and proposed system outcomes for PRMP's TPL Initiative. The targets of these suggested enhancements are set at Level 3, which requires SMAs to use industry standards, permit collaboration, data sharing, and interoperability across its MES. Level 3 was selected to align to the desired To-Be scores from PRMP's previous 2021 MITA 3.0 SS-A Report and the 2022-2023 MITA Outcomes Matrix.

Appendix D: List of Acronyms

The following table lists acronyms that appear throughout this document.

Table 11: Acronym Glossary

Acronym	Description
AAFAF	Fiscal Agency and Financial Advisory Authority
ADSEF	Administración de Desarrollo Socioeconómico de la Familia
APD	Advanced Planning Document
ASES	Administración de Seguros de Salud
ASES ES	ASES Enterprise System
ASSMCA	Mental Health and Anti-Addiction Services Administration
BA	Business Architecture
BPaaS	Business Process as a Service
BPEL	Business Process Execution Language
BPT	Business Process Template
CDM	Conceptual Data Model
CMS	Centers for Medicare and Medicaid Services
CPEC	Centralized Provider Enrollment and Credentialing
C.F.R.	Code of Federal Regulations
CM	Care Management
CMS	Centers for Medicare and Medicaid Services
COMP	Comprehensive Oversight and Management Program
CTD	Conceptual Technical Design
DDI	Design, Development, and Implementation
DMS	Data Management Strategy
DOJ	Department of Justice
DOT	Department of Transportation
DTOP	Puerto Rico Department of Transportation
DRNA	Puerto Rico Department of Natural Resources
ECM	Electronic Claims Management
EDW	Enterprise Data Warehouse
EE	Eligibility and Enrollment
EFT	Electronic Funds Transfer
EPSDT	Early and Periodic Screening, Diagnostic, and Treatment
ESB	Enterprise Service Bus

Acronym	Description
FBI	Federal Bureau of Investigation
FDSH	Federal Data Services Hub
FFY	Federal Fiscal Year
FM	Financial Management
FOMB	Financial Oversight and Management Board
FTP	File Transfer Protocol
FWA	Fraud, Waste, and Abuse
GAO	General Accountability Office
HCHN	High-Cost High-Needs
HHS	Department of Health and Human Services
HIA	Health Information Audit
HIE	Health Information Exchange
HIT	Health Information Technology
HITECH	Health Information Technology for Economic and Clinical Health
HIPAA	Health Insurance Portability and Accountability Act of 1996
IA	Information Architecture
IRS	Internal Revenue Service
KPI	Key Performance Indicator
LDM	Logical Data Model
MAGI	Modified Adjusted Gross Income
MAO	Medicare Advantage Organization
MCO	Managed Care Organization
MEDIT3G	Medicaid Integrated Technology Initiative, 3 rd Generation
MES	Medicaid Enterprise Systems
MFCU	Medicaid Fraud Control Unit
MIP	Micro Information Processing
MITA	Medicaid Information Technology Architecture
MMIS	Medicaid Management Information System
OBC	Outcomes-Based Certification
OIG	Office of Inspector General
OM	Operations Management
OMB	Office of Management and Budget
ORCPS	Reglamentación y Certificación de los Profesionales de la Salud
PAI	Patient Access and Interoperability

Acronym	Description
PARIS	Public Assistance Reporting Information System
PBM	Pharmacy Benefit Manager
PEP	Provider Enrollment Portal
PgM	Program Management
PgMO	Program Management Office
PIU	Program Integrity Unit
PL	Plan Management
PM	Provider Management
PRDoH	Puerto Rico Department of Health
PRDOLHR	Puerto Rico Department of Labor and Human Resources
PRFAA	Puerto Rico Federal Affairs Administration
ME	Puerto Rico Medicaid Enterprise
PRMP	Puerto Rico Medicaid Program
PSTG	Public Sector Technology Group
RFP	Request for Proposal
SaaS	Software-as-a-Service
SAP	Systems Analysis Program
SARAFS	Secretaría Auxiliary Acreditación De Facilidades De Salud
SDLC	Software Development Lifecycle
SMA	State Medicaid Agency
SMC	Streamlined Modular Certification
SPA	State Plan Amendment
SS-A	State Self-Assessment
SSA	Social Security Administration
SSO	Single Sign-On
TA	Technical Architecture
TAF	Transformed Medicaid Statistical Information System Analytic File
TPL	Third-Party Liability
T-MSIS	Transformed Medicaid Statistical Information System