



THIRD PARTY LIABILITY BILLING GUIDE

Some Highmark Wholecare recipients have other insurance coverage. Highmark Wholecare, like the Pennsylvania Medicaid Program, is the payer of last resort on claims for services provided to members with other insurance coverage. When Highmark Wholecare identifies another insurance plan is primary, the provider must submit an EOB from the primary carrier along with the member's claim in order to receive payment. In those instances where your findings indicate Highmark Wholecare is the primary insurer and Highmark Wholecare identifies another plan as primary, a third party liability (TPL) investigation can be initiated.

Investigations can be initiated by:

- Contacting Highmark Wholecare's Member Services Department – when the member contacts the Member Services team stating no other insurance exists, Member Services will notify Highmark Wholecare's TPL Unit and an investigation will begin.
- Contacting Highmark Wholecare's Provider Services Department – when a provider contacts the Provider Services team stating the primary insurance has ended, Provider Services will notify our TPL Unit and an investigation will begin.
 - Customer Service can be reached at 1-800-392-1147 or through secure message by logging into NaviNet
- Attach one of the following to your claim or remit and send to our billing address in Birmingham, AL or submitting a payment dispute request via the Provider Portal in Navinet to initiate a TPL investigation.
 - Eligibility Verification Statement (EVS)
 - NaviNet print out
 - Primary Insurance Company eligibility printout
 - Letter, on primary insurance company letterhead, which includes the policy holders name, ID # and eligibility information.

The Investigation:

- When attaching any of the above mentioned forms other than an EOB, your claim will be denied
D11 or D110– Rejected – Resubmit with EOB from Primary Carrier, but will be sent to our TPL Unit for investigation. **(Note – The billed amount on the EOB must match the billed amount on the claim submitted to Highmark Wholecare.)**
- The TPL Unit will look in the State System and our system. If the State System reflects that there is no TPL or that the TPL has an end date, then our system will be updated.
- TPL Unit will contact Insurance Carrier if necessary (necessary when information in State system differs from our system) to investigate TPL.
- If the TPL Unit verifies that the member does not have additional coverage, the TPL Unit will have our system updated. An electronic form is sent to the State to notify them of any changes.

Claims Processing and Timeframe for Completion:

- If claims were processed in the last 180 days and coverage in the system is no longer applicable, a request will be sent to our claims processing office to have claims reprocessed and paid based on the results of the investigation.
- If it's determined that the member does have TPL, Highmark Wholecare can and will take back any payments issued within the past 180 days. This will appear on the providers Remittance Advice.
- Reviews are normally worked within 90 days, once they are received in Highmark Wholecare's TPL Unit. The State may take an additional 30 days to update their system from receipt of Highmark Wholecare's electronic notification of insurance information changes.

Member Services (MS) will notify member of outcome, *if the initial inquiry began with Member Services contact*. If contact was not initiated with Member Services but information was attached to claim(s), records will be updated and member will not be notified.