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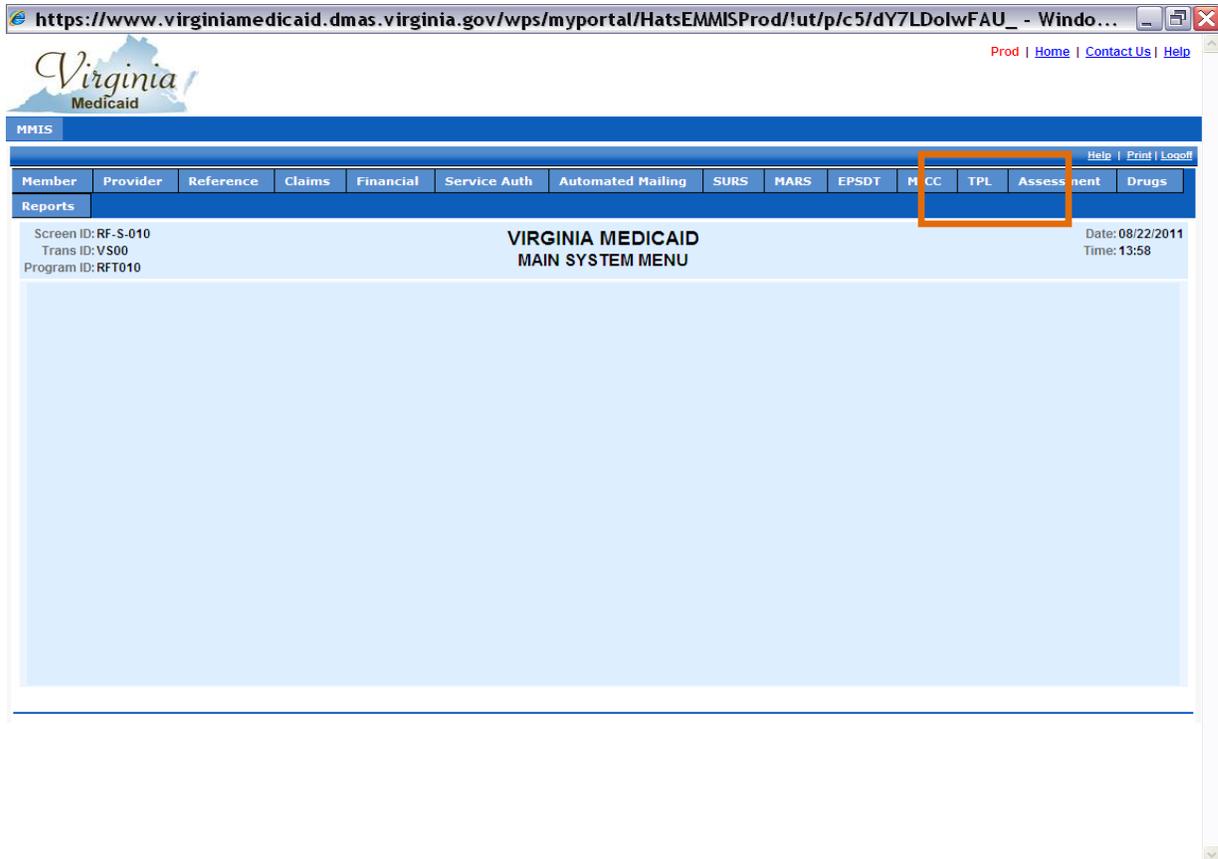
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TPL Maintenance Menu

The TPL Maintenance Menu is accessed by selecting the TPL sub-system button from the MMIS main system menu.



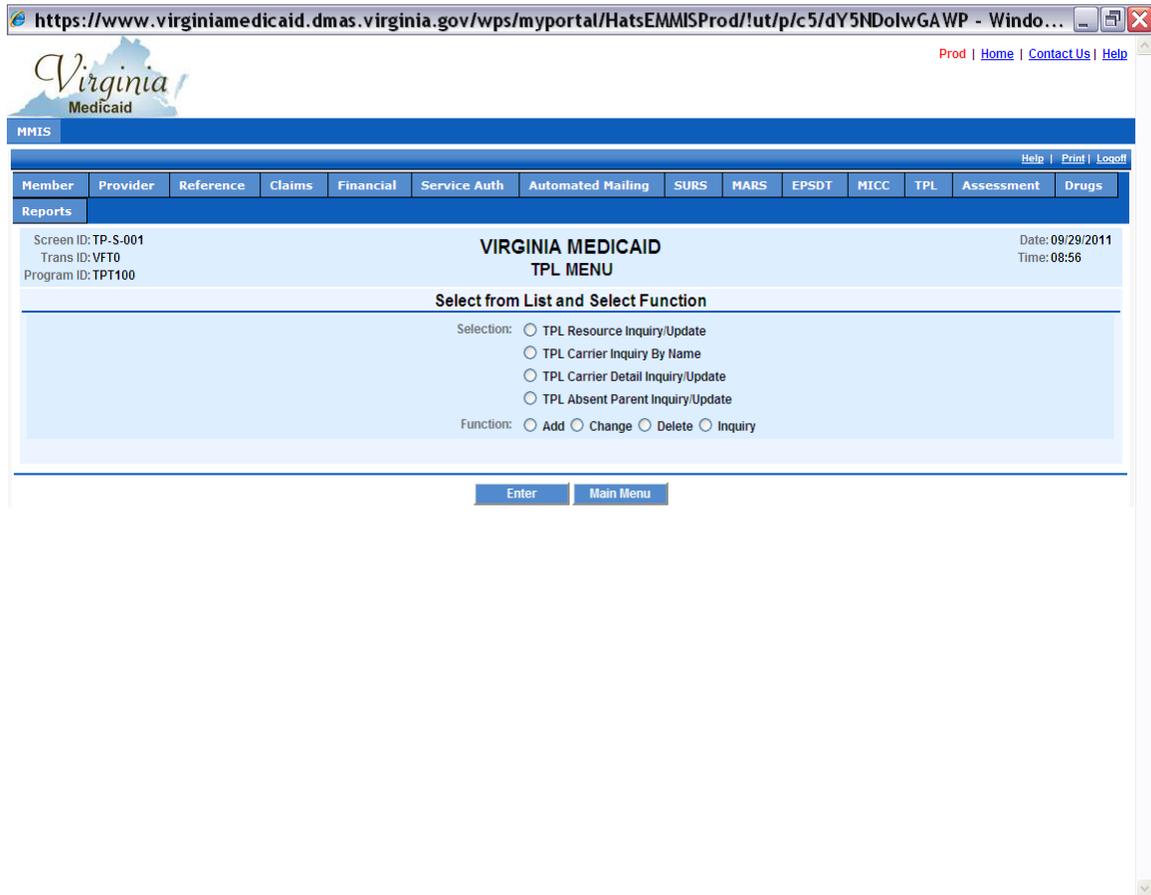
TPL Maintenance Menu includes:

- TPL Resources Inquiry/Update
- TPL Carrier Inquiry by Name
- TPL Carrier Detail Inquiry/Update
- TPL Absent Parent Inquiry/Update

Functions:

- Add
- Change
- Delete
- Inquiry

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TPL Resource Screen

Data within this area describes available insurance coverage for a member (Mbr). Information regarding the individual member's entitlement to third party coverage must be entered into the MMIS. Types of insurance coverage include, but are not limited to:

- Medicare;
- Tricare (formerly Champus) (Military);
- Pharmacy/Prescription (excluding Medicare Part D);
- Dental;
- Optical/Vision; and
- other health insurance coverage.

Data to be entered includes the policy number, insurance company information, and coverage type(s).

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Please remember, if the Member has a Medicare Advantage Plan, only Medicare Part A and Part B information is entered in TPL, **do not enter the Medicare Advantage Plan data.**

It is very important to code the coverage correctly to accurately reflect all periods of third party coverage. The MMIS uses data in this area to enroll members for Buy-In of Medicare premiums and to ensure that Medicaid will be the last payer when other insurance covers the member.

By Accessing TPL Resource and selecting TPL Resource Inquiry/Update the following transactions may be completed:

- Add new third party policy & coverage information;
- Change existing third party information;
- Delete (retire) the third party record that was added in error; and
- Inquire a member's third party information.

TPL Resource Screen Data Fields

Screen ID: TP-S-002
Trans ID: VFT3
Program ID: TPT102

**VIRGINIA MEDICAID
TPL RESOURCE - ADD**

Date: 01/31/2012
Time: 15:06
Page of

Member ID: DSS Update Ind: Last Trans Date: Source: Comments:

Case ID: DSS: FIPS: Policy #: Rel:

Name: Policy Added Date: Policy Type:

Benefit Plan: Carrier Code: Premium Type:

Carrier Name: Begin Date: Absent Parent:

Status: Status Date: End Date: Retired TPL:

Verify: Verify Date: Group #:

Group Name: SSN:

Policy Holder: Address: Phone#: HIPP:

City: State: Zip: HIPP ST:

Coinsurance: 0.00 %: Deductible: 0.00 Met:

Cov Update Date:

Cov	Begin Date	End Date	Exhaust	Co-pay Amount	%	Deductible Amount	Type	Met
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

ENTER DATA AND CHOOSE UPDATE TO ADD.

- DSS Update Indicator:** Will default to 'N'. **Do not enter anything in this field.** This field is used to indicate whether or not the absent parent data received from DSS via electronic file should update the existing Resource record. 'N' = no update, 'Y' = yes, update.
- Last Trans:** The system will populate this date when information is added or updated.
- Member ID:** Member's permanent ID number.
- Case ID:** The system will automatically populate the case number by using the information on the member's eligibility record.
- DSS:** The system will automatically populate the Eligibility worker's ID number by using the information on the member's eligibility record.

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FIPS: The system will automatically populate the locality of the DSS office that administers the member's case from the member's eligibility record. See MMIS Help for a list of valid values.

Name: The system will automatically populate the member's name from the member's eligibility record.

Source: A code that indicates where the lead originated from. **When DSS enters the TPL information, enter 'S' in this field. Source 'A' should not be used by DCSE workers. It is intended to signify tape updates only. DCSE should use source 'S'.**

A	CHILD SUPPORT
B	BENDEX
C	CARRIER
D	DMAS
E	DEERS
H	HIPP/BUY-IN
I	ESHI
M	CMS
O	OTHER
P	PROVIDER
R	MEMBER
S	DSS
T	TPL CONTRACTOR
U	UNKNOWN

Policy Type: A code that indicates the type of policy. The highlighted codes are normally entered by DSS. These policies types also require the coverage codes to be entered on the lower half of the screen.

A	AUTOMOBILE
B	BURIAL
C	CASUALTY
D	DISABILITY
E	HOMEOWNER
F	CHAMPUS (Tricare)
G	ABSENT PARENT
H	HEALTH
I	TRUSTS
J	HIPP
K	HIV
L	LIFE
M	MEDICARE
N	WORKER'S COMPENSATION
O	OTHER
S	ESHI

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REL A code that indicates the relationship between the member and (Relationship Code): policyholder.

A	SELF
C	CHILD
D	WIDOW (ER)
F	UNREARRIED WIDOW (ER)
G	UNMARRIED WIDOW (ER)
L	PARENT-IN-LAW
M	STEP-PARENT-IN-LAW
P	PARENT
S	SPOUSE
T	UNREARRIED FORMER SPOUSE
U	STEP-PARENT
V	STEP-CHILD
W	WARD
X	OTHER
Z	UNKNOWN

Premium Type: A code that indicates the reason why the Medicaid is paying the TPL premiums. This is not a required field. **Leave blank.**

A	ADAPT
E	ESHI
H	HIPP
M	Medicare
R	HIV
space	Not Applicable

Absent Parent: Not a required field. The field indicates the type of absent parent coverage, which is populated by the electronic file received from DSS, Dept. of Child Support Enforcement. **Leave blank.**

D	Dual
I	Insured
space	Not applicable
U	Uninsured

Benefit Plan: No data is displayed in this field.

Status: A code that indicates the status of the resource segment.

A	Active
H	History
I	Inactive
P	Potential
S	Suspect
U	Uninsured Absent Parent

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Status Date: The system automatically inserts the date in which the status code was last changed.

Verify: A field that indicates whether the policy information was verified. If the member or guardian presents you with the insurance card or complete policy information including effective date then you enter "Y". You do not need to call & verify the coverage when you are given the insurance information.

N	Policy has not been verified
Y	Policy has been verified

Verify Date: The system will automatically populate the date in which the policy segment information was verified.

Carrier Code: The five character code that identifies the insurance carrier. **DO NOT USE 00003, THIS IS NOT A VALID CODE.** If you do not know the insurance carrier code use the TPL Carrier Inquiry By Name that can be accessed from the TPL Menu screen. See instructions for these screens. For assistance obtaining codes for insurance carriers not listed send an email to TPLunit@dmas.virginia.gov or call **804-786-7931**.

Carrier Name: The insurance carrier name will display after the Carrier Code is entered & record is updated.

Begin Date: The date the insurance policy went into effect.

End Date: The date the policy ended with the insurance carrier. This information must be verified with the insurance company or a letter from them stating the date the insurance ended.

Policy #: The number assigned to the policy by the insurance carrier. Please be accurate when entering this number.

Group #: The group number associated with the policy. Normally everyone who has insurance under an employer's plan has the same number. Not a required field but can be useful at a later date for verification purposes.

Group Name: The name of the group, normally the employer, associated with the policy. Not a required field but can be useful at a later date for verification purposes.

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Policyholder: The name (first, last, and middle initial) of the policyholder. This could be the name of the parent/guardian or spouse who the insurance policy belongs to, different than the member name. Not a required field but can be useful at a later date for verification purposes.

SSN: The social security number of the policyholder. Not a required field.

Address: The policyholder's street address. Not a required field.

Phone #: The phone number of the policyholder. Not a required field.

City: The city in which the policyholder resides. Not a required field.

State: The state in which the policyholder resides. Not a required field.

Zip: The zip code in which the policyholder resides. Not a required field.

Coinsurance: The coinsurance amount for the policy. Not a required field.

% Percentage: The coinsurance percentage amount for the policy (example 20%, 10% etc). Not a required field.

Deductible: The amount of deductible for the policy. Not a required field.

Met: This data field indicates if the deductible has been met for the policy. 'N' = No, not met, 'Y' = Yes, deductible has been met. Not a required field.

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Cov: A code that identifies the type of coverage a member has with the third party. **This field must be entered if the coverage has been verified.** Below is a list of coverage types. The coverage codes in bold are the codes that are normally used.

Remember to ask if the member has pharmacy coverage. The coverage code "R" must be added if they do. Also they may have a different carrier for the pharmacy so check the back of the insurance card or ask if they have a separate card for pharmacy. The codes effect claim processing and it's important all coverage is added.

A	Medicare Part A
B	Medicare Part B
C	Cancer
D	Dental
E	Not assigned
F	Home Health/Personal Care
G	Mental Health
H	Hospitalization
I	Indemnity/Accident
J	Dependent Pregnancy
K	Medicare Extended
L	Managed Care (HMO/PPO)
M	Major/Medical-Comprehensive
N	Intermediate Care Nursing Facility
O	Optical/Vision
P	Physician
Q	Chiropractor
R	Pharmacy
RD	Medicare Part D
S	Skilled Nursing
T	Transportation
U	Uninsured Absent Parent
V	Rehabilitation/Physical Medicine
W	Worker's Compensation
X	Preventive Care
	Medicare Part A-HMO
Y	(no longer used)
	Medicare Part B-HMO
Z	(no longer used)

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Begin: The date the coverage began. Normally this is the same date as the policy begin date however some policies may add or terminate dental or vision coverage. They must be within the Policy Begin and Policy End Date range at the top of the page. If it is not, the system will overlay the Policy Begin Date with the Coverage Begin Date.

End: The date the coverage ended. If the field is blank, the coverage date is open-ended. If entered, the date must be within Policy Begin and Policy End Date range. If it is not, the system will overlay the Policy End Date with the Coverage End Date.

Exhaust: A field that indicates whether benefits have been exhausted for the type of coverage. 'N' = No, benefits have not been exhausted, 'Y' = Yes, benefits have been exhausted. The system will default to N if nothings entered.

Co-pay Amt: The co-pay amount for each type of coverage defaults to zero when no values are added. Not a required field.

% Percentage: The co-pay percentage amount for the type of coverage defaults to zero when no value added. Not a required field.

Deduct Amt: The amount of deductible for the type of coverage defaults to zero when no value added. Not a required field.

Type: This field identifies the type of deductible for the coverage code. Not a required field and will be blank if nothing entered.

F	Family
I	Individual
M	Mixed
U	Unknown

Met: This field indicates if the deductible for the type of coverage entered has been met. 'N' = No, deductible not met, 'Y' = Yes, deductible has been met. Field will defaults to zero. Not a required field.

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TPL Resource Inquiry

Screen ID: TP-S-002
Trans ID: VFT1
Program ID: TPT102

Date: 01/31/2012
Time: 15:05
Page 1 of 4

Member ID: DSS Update Ind: DSS: Last Trans Date: FIPS: Source: Policy #: Comments: Rel: Policy Type: Premium Type: Absent Parent: Retired TPL:

Case ID: Name: Policy Added Date: Carrier Code: Begin Date: End Date: Group #: SSN: Phone#: HIPP: HIPP ST: Met:

Status: Status Date: Verify Date: State: City: Zip: %: Deductible: 0.00

Cov Update Date:

Cov	Begin Date	End Date	Exhaust	Co-pay Amount	%	Deductible Amount	Type	Met

KEY DATA AND CHOOSE ENTER.

Enter Update Clear Form Refresh Member Payee Data Part D Carrier Return Sub Menu Main Menu Absent Parent Comments Cost Eval Retired TPL

To view existing data access the TPL Resource Inquiry/Update screen and take the following steps:

- Select TPL Resource Inquiry/Update from TPL menu, then Inquiry;
- Select [Enter]
- Key member ID#
- Select [Enter] to display the first screen of the member's TPL data.

Note the upper right side of the screen. The page data field indicates how many policies have been entered for the member.

To access other policies for the member take the following steps:

- Enter the next page number in the sequence
 - Example-Page 1 of 4 appears in the upper corner of the screen, enter 2 to move to page 2, 3 to move to page 3, etcetera.
- Select [Enter], the next policy will display

Adding TPL

Screen ID: TP-S-002
 Trans ID: VFT3
 Program ID: TPT102

**VIRGINIA MEDICAID
 TPL RESOURCE - ADD**

Date: 01/31/2012
 Time: 15:06
 Page of

Member ID: DSS Update Ind: Last Trans Date: Source: Comments:

Case ID: DSS: FIPS: Policy #: Rel:

Name: Policy Added Date: Policy Type:

Benefit Plan: Carrier Code: Premium Type:

Carrier Name: Absent Parent:

Status: Status Date: Begin Date: Retired TPL:

Verify: Verify Date: End Date:

Group Name: Group #:

Policy Holder: SSN:

Address: Phone#:

City: State: Zip: HIPP:

Coinsurance: 0.00 %: Deductible: 0.00 Met:

Scroll Up Scroll Down

Cov Update Date:

Cov	Begin Date	End Date	Exhaust	Co-pay Amount	%	Deductible Amount	Type	Met
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

ENTER DATA AND CHOOSE UPDATE TO ADD.

Scroll Up Scroll Down

To add TPL to a member's record in the MMIS take the following steps:

- Select TPL Resource Inquiry/Update from the TPL menu then Add
- Select [Enter]
- Beginning with the Member ID#, enter all known policy and coverage information for the insurance policy
- Select [Enter] to invoke systems edits and correct any errors
- Verify the name of the member for which coverage is being entered prior to Update
- Select Update to complete the transaction

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Updating TPL

Screen ID: TP-S-002
Trans ID: VFT2
Program ID: TPT102

VIRGINIA MEDICAID
TPL RESOURCE - UPDATE

Date: 02/01/2012
Time: 08:51
Page of

Member ID: DSS Update Ind: Last Trans Date: Source: Comments:
Case ID: DSS: FIPS: Policy #: Rel:
Name: Policy Added Date: Policy Type:
Benefit Plan: Carrier Code: Premium Type:
Carrier Name: Absent Parent:
Status: Status Date: Begin Date: Retired TPL:
Verify: Verify Date: End Date:
Group Name: Group #: SSN:
Policy Holder: Address: Phone#: HIPP:
City: State: Zip: HIPP ST:
Coinsurance: 0.00 %: Deductible: 0.00 Met:

Cov Update Date:

Cov	Begin Date	End Date	Exhaust	Co-pay Amount	%	Deductible Amount	Type	Met

KEY DATA AND CHOOSE ENTER.

Enter Update Clear Form Refresh Member Payee Data Part D Carrier Return Sub Menu Main Menu
Absent Parent Comments Cost Eval Retired TPL

To make changes to an existing policy by taking the following steps:

- Access screen by selecting TPL Resource Inquiry/Update and **Change** from TPL menu
- Select [Enter]
- Key member ID#; if the member has more than one policy the search can be narrowed by Keying the carrier code or policy #
- Select [Enter]; the system will bring up the member's TPL policies or the specific policy/carrier depending upon which data elements you entered
- Navigation between multiple policies can be done by changing the page number in the upper right portion of the screen and selecting [Enter]

Screen ID: TP-S-002
Trans ID: VFT2
Program ID: TPT102

**VIRGINIA MEDICAID
TPL RESOURCE - UPDATE**

Date: 02/01/2012
Time: 08:51
Page 1 of 1

Member ID: 11122233012
DSS Update Ind: []
Last Trans Date: []
Source: []
Comments: []

Case ID: []
DSS: []
FIPS: []
Policy #: []
Rel: []

Name: []
Policy Added Date: []
Policy Type: []

Benefit Plan: []
Premium Type: []

Carrier Name: []
Carrier Code: []
Absent Parent: []

Status: []
Status Date: []
Begin Date: []
End Date: []
Retired TPL: []

Verify: []
Verify Date: []
Group #: []
SSN: []
Phone#: []

Group Name: []
Policy Holder: []
Address: []
City: []
State: []
Zip: []
HIPP: []
HIPP ST: []
Met: []

Coinsurance: 0.00
Deductible: 0.00

Cov	Begin Date	End Date	Exhaust	Co-pay Amount	%	Deductible Amount	Type	Met

KEY DATA AND CHOOSE ENTER.

Buttons: Enter, Update, Clear Form, Refresh, Member, Payee Data, Part D, Carrier, Return, Sub Menu, Main Menu, Absent Parent, Comments, Cost Eval, Retired TPL

Mbr ID# keyed, Select [Enter]; Mbr's policy displays; page 1 of 1, no other policy exists for Mbr

Screen ID: TP-S-002
Trans ID: VFT2
Program ID: TPT102

**VIRGINIA MEDICAID
TPL RESOURCE - UPDATE**

Date: 02/01/2012
Time: 08:53
Page 01 of 01

Member ID: 111 222333 012
DSS Update Ind: N
Last Trans Date: 02/01/2012
Source: D
Comments: N

Case ID: 11122233004
DSS: M1111
FIPS: 111
Policy #: 1234567891A
Rel: A

Name: COVERAGE TEST
Policy Added Date: 02/01/2012
Policy Type: H

Benefit Plan: []
Premium Type: []

Carrier Name: ANTHEM ADMINISTRATORS - VA
Carrier Code: 00182
Absent Parent: []

Status: A
Status Date: 02/01/2012
Begin Date: 01051999
End Date: []
Retired TPL: N

Verify: Y
Verify Date: 02/01/2012
Group #: 123456HZQ
SSN: 222556666
Phone#: 8045555555

Group Name: PJ LINEN CORPORATION
Policy Holder: COVERAGE PARENT
Address: 555 RIVER DRIVE
City: WATERTOWN
State: VA
Zip: 22222
HIPP: []
HIPP ST: []
Met: N

Coinsurance: 0.00
Deductible: 0.00

Cov	Begin Date	End Date	Exhaust	Co-pay Amount	%	Deductible Amount	Type	Met
L	01051999		N	0 00	000	0 00		N

DATA DISPLAYED.

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Not all data fields that appear to be available for change may be updated. The following data fields may be updated:

- Policy Number;
- Policy End Date;
- Non-required fields (ex. group name, group number, phone, etc);
- Coverage Codes; and
- Coverage End Date

If incorrect information cannot be updated, return to the TPL Menu and select Delete. Follow the procedure in this chapter to delete the policy and re-add with the corrected information.

To perform an Update takes the following steps:

- Key changes
- Select [Enter]; check to see that you have the correct member, then
- Select Update

Screen ID: TP-S-002
Trans ID: VFT2
Program ID: TPT102

**VIRGINIA MEDICAID
TPL RESOURCE - UPDATE**

Date: 02/02/2012
Time: 12:24
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Member ID: 111 222333 012 DSS Update Ind: N Last Trans Date: 02/02/2012 Source: D Comments: N
Case ID: 111222333004 DSS: M1111 FIPS: 111 Policy #: 1234567891A Rel: A
Name: COVERAGE TEST Policy Added Date: 02/02/2012 Policy Type: H
Benefit Plan: Premium Type: Absent Parent: Retired TPL: Y
Carrier Name: ANTHEM ADMINISTRATORS - VA Carrier Code: 00182 Begin Date: 01011999
Status: A Status Date: 02/02/2012 End Date: Group #: 123456H2Q
Verify: Y Verify Date: 02/02/2012 SSN: 222556666 Phone#: 8045555555
Group Name: PJ LINEN CORPORATION HIPP: HIPP ST:
Policy Holder: COVERAGE PARENT Met: N
Address: 555 RIVER DRIVE City: WATEROWN State: VA Zip: 22222 Coinsurance: 0.00 %: 000 Deductible: 0.00

Cov Update Date: 02/02/2012

Cov	Begin Date	End Date	Exhaust	Co-pay Amount	%	Deductible Amount	Type	Met
L	01051999		N	0.00	000	0.00		N
O	02012005	12319999			00	00		
					00	00		
					00	00		
					00	00		

RECORD INSERTED.

Buttons: Enter, Update, Clear Form, Refresh, Member, Payee Data, Part D, Carrier, Return, Sub Menu, Main Menu, Absent Parent, Comments, Cost Eval, Retired TPL

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Deleting a TPL Policy

Deletion of a Policy Added in Error

Follow the steps below when it has been determined that a policy that was added to a member's record was added in error. In other words, the member was never covered under the policy or when you are unable to update the policy and must re-add to the MMIS.

To delete a policy that added to a member's record in error take the following steps:

- Access screen by selecting TPL Resource Inquiry/Update and Delete from TPL menu
- Select [Enter]
- Key member ID#; if the member has more than one policy the search can be narrowed by Keying the carrier code or policy #
- Select [Enter]; the system will bring up the member's TPL policies or the specific policy or carrier depending upon which data elements you entered
- Navigation between multiple policies can be done by changing the page number in the upper right portion of the screen and selecting [Enter]

Screen ID: TP-S-002
Trans ID: VFT2
Program ID: TPT102

**VIRGINIA MEDICAID
TPL RESOURCE - UPDATE**

Date: 02/01/2012
Time: 08:51
Page 1 of 1

Member ID: 111222333012	DSS Update Ind:	Last Trans Date:	Source:	Comments:
Case ID:	DSS:	FIPS:	Policy #:	Rel:
Name:			Policy Added Date:	Policy Type:
Benefit Plan:			Carrier Code:	Premium Type:
Carrier Name:	Status Date:		Begin Date:	Absent Parent:
Status:	Verify Date:		End Date:	Retired TPL:
Verify:			Group #:	
Group Name:			SSN:	HIPP:
Policy Holder:			Phone#:	HIPP ST:
Address:	State:	Zip:		Met:
City:	Coinsurance: 0.00	%:	Deductible: 0.00	

Cov Update Date:

Cov	Begin Date	End Date	Exhaust	Co-pay Amount	%	Deductible Amount	Type	Met

KEY DATA AND CHOOSE ENTER.

Scroll Up Scroll Down

[Enter](#) [Update](#) [Clear Form](#) [Refresh](#) [Member](#) [Payee Data](#) [Part D](#) [Carrier](#) [Return](#) [Sub Menu](#) [Main Menu](#)
[Absent Parent](#) [Comments](#) [Cost Eval](#) [Retired TPL](#)

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- Enter two periods (..) in the policy begin date data field
- Enter two periods (..) in each coverage end date data field

Screen ID: TP-S-002
 Trans ID: VFT4
 Program ID: TPT102

VIRGINIA MEDICAID
TPL RESOURCE - DELETE

Date: 02/01/2012
 Time: 09:04
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Member ID: 111 222333 012 DSS Update Ind: N Last Trans Date: 02/01/2012 Source: D Comments: N
 Case ID: 111222333004 DSS: M1111 FIP: 111 Policy #: 1234567891A Rel: A
 Name: COVERAGE TEST Policy Added Date: 02/01/2012 Policy Type: H
 Benefit Plan: Premium Type: Absent Parent: Retired TPL: N
 Carrier Name: ANTHEM ADMINISTRATORS - VA Carrier Code: 00182
 Status: A Status Date: 02/01/2012 Begin Date: .. 05 1999
 Verify: Y Verify Date: 02/01/2012 End Date: 01 31 2012
 Group Name: PJ LINEN CORPORATION Group #: 123456HZQ
 Policy Holder: COVERAGE PARENT SSI: 222556666
 Address: 555 RIVER DRIVE Phone#: 804 555 5555 HIPP: HIPP ST: Met: N
 City: WATERTOWN State: VA Zip: 22222 Deductible: 0.00

Cov Update Date: 02/01/2012

Cov	Begin Date	End Date	Exhaust	Co-pay Amount	%	Deductible Amount	Type	Met
<input type="checkbox"/>	01 05 1999	01 31 2012	N	0 00	000	0 00		N
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

ENTER '..' IN BEGIN DATE FOR POLICY DELETE OR 'COV' FOR COVERAGE DE

Buttons: Enter, Update, Clear Form, Refresh, Member, Payee Data, Part D, Carrier, Return, Sub Menu, Main Menu, Absent Parent, Comments, Cost Eval, Retired TPL

- Select [Enter] to invoke system edits
- Select Update to complete deletion of the TPL policy

CAUTION: DO NOT delete a policy if coverage or policy is ended. Deletion should only be used for coverage or policies added in error.

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Screen ID: TP-S-002
 Trans ID: VFT4
 Program ID: TPT102

VIRGINIA MEDICAID
TPL RESOURCE - DELETE

Date: 02/01/2012
 Time: 09:05
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Member ID: 111 222333 012 DSS Update Ind: N Last Trans Date: 02/01/2012 Source: D Comments: N
 Case ID: 111222333004 DSS: M1111 FIPS: 111 Policy #: 1234567891A Rel: A
 Name: COVERAGE TEST Policy Added Date: 02/01/2012 Policy Type: H
 Benefit Plan: Premium Type: Absent Parent: Retired TPL: N
 Carrier Name: ANTHEM ADMINISTRATORS - VA Carrier Code: 00182
 Status: A Status Date: 02/01/2012 Begin Date: .. 05 1999
 Verify: Y Verify Date: 02/01/2012 End Date: 01 31 2012
 Group Name: PJ LINEN CORPORATION Group #: 123456HZQ
 Policy Holder: COVERAGE PARENT SSN: 222556666
 Address: 555 RIVER DRIVE Phone#: 804 555 5555 HIPP: HIPP ST: Met: N
 City: WATERTOWN State: VA Zip: 22222 Deductible: 0.00

Cov Update Date: 02/01/2012

Cov	Begin Date	End Date	Exhaust	Co-pay Amount	%	Deductible Amount	Type	Met
<input type="checkbox"/>	01 05 1999	01 31 2012	N	0 00	000	0 00		N
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

CHOOSE UPDATE TO ADD/UPDATE/DELETE RECORD.

Buttons: Enter, Update, Clear Form, Refresh, Member, Payee Data, Part D, Carrier, Return, Sub Menu, Main Menu, Absent Parent, Comments, Cost Eval, Retired TPL

- Select [Enter], then Update to complete deletion of the TPL policy

Screen ID: TP-S-002
 Trans ID: VFT4
 Program ID: TPT102

VIRGINIA MEDICAID
TPL RESOURCE - DELETE

Date: 02/01/2012
 Time: 09:06
 Page 01 of 01

Member ID: 111 222333 012 DSS Update Ind: N Last Trans Date: 02/01/2012 Source: D Comments: N
 Case ID: 111222333004 DSS: M1111 FIP: 111 Policy #: 1234567891A Rel: A
 Name: COVERAGE TEST Policy Added Date: 02/01/2012 Policy Type: H
 Benefit Plan: Premium Type: Absent Parent: Retired TPL: Y
 Carrier Name: ANTHEM ADMINISTRATORS - VA Carrier Code: 00182
 Status: R Status Date: 02/01/2012 Begin Date: .. 05 1999
 Verify: Y Verify Date: 02/01/2012 End Date: 01 31 2012
 Group Name: PJ LINEN CORPORATION Group #: 123456HZQ
 Policy Holder: COVERAGE PARENT SSN: 222556666
 Address: 555 RIVER DRIVE Phone#: 804 555 5555 HIPP: HIPP ST: Met: N
 City: WATERTOWN State: VA Zip: 22222 Deductible: 0.00

Cov Update Date: 02/01/2012

Cov	Begin Date	End Date	Exhaust	Co-pay Amount	%	Deductible Amount	Type	Met
..	01 05 1999	01 31 2012	N	0 00	000	0 00		N

POLICY IS RETIRED; STATUS SET TO 'R'.

Enter Update Clear Form Refresh Member Payee Data Part D Carrier Return Sub Menu Main Menu
 Absent Parent Comments Cost Eval Retired TPL

The policy was retired by the system upon update. It is as if the policy never existed and has no affect on the member's provider claims once this occurs. Providers may need to submit a new claim, if a claim was denied because this policy was showing as existing TPL for the member when the claim was submitted for payment. Retired policies may be viewed from the TPL Summary Screen.

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Deleting Coverage Under a Policy

Screen ID: TP-S-002
Trans ID: VFT2
Program ID: TPT102

**VIRGINIA MEDICAID
TPL RESOURCE - UPDATE**

Date: 02/01/2012
Time: 09:01
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Member ID: 111 222333 012 DSS Update Ind: N Last Trans Date: 02/01/2012 Source: D Comments: N
Case ID: 111222333004 DSS: M1111 FIPS: 111 Policy #: 1234567891A Rel: A
Name: COVERAGE TEST Policy Added Date: 02/01/2012 Policy Type: H
Benefit Plan: Premium Type:
Carrier Name: ANTHEM ADMINISTRATORS - VA Carrier Code: 00182 Absent Parent:
Status: A Status Date: 02/01/2012 Begin Date: 01051999 Retired TPL: N
Verify: Y Verify Date: 02/01/2012 End Date: 01312012
Group Name: PJ LINEN CORPORATION Group #: 123456HZQ
Policy Holder: COVERAGE PARENT SSN: 222556666
Address: 555 RIVER DRIVE Phone#: 804555555 HIPP:
City: WATERTOWN State: VA Zip: 22222 HIPP ST:
Coinsurance: 0 .00 %: 000 Deductible: 0 .00 Met: N

Cov Update Date: 02/01/2012

Cov	Begin Date	End Date	Exhaust	Co-pay Amount	%	Deductible Amount	Type	Met
<input type="checkbox"/> L	01051999	01312012	<input type="checkbox"/> N	<input type="checkbox"/> 0 00	<input type="checkbox"/> 000	<input type="checkbox"/> 0 00	<input type="checkbox"/>	<input type="checkbox"/> N
<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

RECORD UPDATED.

Enter Update Clear Form Refresh Member Payee Data Part D Carrier Return Sub Menu Main Menu
Absent Parent Comments Cost Eval Retired TPL

To delete a coverage type under a policy that added to a member's record in error take the following steps:

- Access screen by selecting TPL Resource Inquiry/Update and Delete from TPL menu
- Select [Enter]
- Key member ID#; if the member has more than one policy the search can be narrowed by Keying the carrier code or policy #
- Select [Enter]; the system will bring up the member's TPL policies or the specific policy or carrier depending upon which data elements you entered
- Navigation between multiple policies can be done by changing the page number in the upper right portion of the screen and selecting [Enter]
- Enter two periods (..) in each coverage end date data field that should be deleted

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Screen ID: TP-S-002
Trans ID: VFT4
Program ID: TPT102

**VIRGINIA MEDICAID
TPL RESOURCE - DELETE**

Date: 02/01/2012
Time: 09:04
Page 01 of 01

Member ID: 111 222333 012 DSS Update Ind: N Last Trans Date: 02/01/2012 Source: D Comments: N
Case ID: 111222333004 DSS: M1111 FIPS: 111 Policy #: 1234567891A Rel: A
Name: COVERAGE TEST Policy Added Date: 02/01/2012 Policy Type: H
Benefit Plan: Premium Type:
Carrier Name: ANTHEM ADMINISTRATORS - VA Carrier Code: 00182 Absent Parent:
Status: A Status Date: 02/01/2012 Begin Date: 01 05 1999 Retired TPL: N
Verify: Y Verify Date: 02/01/2012 End Date: 01 31 2012
Group Name: PJ LINEN CORPORATION Group #: 123456HZQ
Policy Holder: COVERAGE PARENT SSN: 222556666
Address: 555 RIVER DRIVE Phone#: 804 555 5555 HIPP:
City: WATERTOWN State: VA Zip: 22222 Deductible: 0.00 HIPP ST:
Coinsurance: 0.00 %: 000 Met: N

Cov Update Date: 02/01/2012

Cov	Begin Date	End Date	Exhaust	Co-pay Amount	%	Deductible Amount	Type	Met
..	01 05 1999	01 31 2012	N	0 00	000	0 00		N
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

ENTER '..' IN BEGIN DATE FOR POLICY DELETE OR 'COV' FOR COVERAGE DE

Enter Update Clear Form Refresh Member Payee Data Part D Carrier Return Sub Menu Main Menu
Absent Parent Comments Cost Eval Retired TPL

- Select [Enter], then Update to complete deletion of the coverage line(s)
- Return to the Sub-Menu and proceed with an Add transaction to enter the appropriate coverage(s) for the policy

Note: If you delete the only coverage line present for the policy all claims for the member will be denied until the MMIS can distinguish what types of services the policy covers.

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TPL Summary Screen

Many screens within the Member sub-system allow access to the TPL Summary screen. If the TPL indicator on the Member/Demographics screen is "Y" there is data on the TPL Summary screen. Only Active, Inactive, and History TPL appears on the TPL Summary screen.

To access a summary of all TPL for the member takes the following steps:

- Navigate to the Enrollment Menu
- Select Member, Inquiry and enter the Member ID#
- Select the TPL Summary button

The screenshot displays the 'VIRGINIA MEDICAID ENROLLMENT MENU' web application. The browser address bar shows the URL: https://www.test-dmas-portal.com/wps/myportal/HatsEMMIS/!ut/p/c5/dY7JDoJAEEO_qZtFluOwhIEAKoMscy - Micr.... The page header includes the Virginia Medicaid logo and navigation links: UAT1 | Home | Contact Us | Help. The main navigation bar contains: Member, Provider, Reference, Claims, Financial, Service Auth, Automated Mailing, SURS, MARS, EPSDT, MICC, TPL, Assessments, Drugs. The 'Reports' section is active. The main content area shows: Screen ID: RS-S-001, Trans ID: VE01, Program ID: RST005VA, Date: 02/02/2012, Time: 12:25. The 'Select Enrollment Type' section has radio buttons for Case, Member (selected), and Case and Member (ADD FUNCTION ONLY). The 'Select Function' section has radio buttons for Add, Update, Inquiry (selected), Cancel, Retro Cancel Reinstate, Void, CID Request, Re-set ID Card, and ID Card Request. A 'Re-Issue Reason' field is present. The form fields include: Case ID, Member ID (11122233012), SSN, VACIS/ADAPT ID, Last Name, First Name, DOB, Telephone Number, Suffix, Middle Initial, Gender, and HIPP. A 'New TDO Enrollee?' section has radio buttons for Yes and No. The bottom navigation bar includes: Enter, Clear Form, Member, Eligibility, TDO, Financial, Case, TPL Sum (highlighted), ID X-Ref, Override, Sub Menu, Main Menu, and Dup Mem. The browser status bar shows 'Internet' and '100%' zoom.

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The screen is split into 3 sections. The top portion of the screen has some demographic, eligibility and benefit plan data. The middle portion of the screen displays a member's Medicare information. The lower portion of the screen lists other TPL policies for the member. This screen is updated as changes are made in other areas of the MMIS.

The screenshot displays the 'MEMBER TPL SUMMARY' page for a Virginia Medicaid member. The page is divided into several sections:

- Header:** Includes the Virginia Medicaid logo and navigation links (Help, Print, Logout).
- Member Information:**
 - Screen ID: RS-S-020, Trans ID: VE20, Program ID: RST025VA
 - Member ID: 111-222333-012, Name: COVERAGE TEST
 - Case ID: 111-222333-004, Case FIPS: 111
 - Caseworker: M11111, HIPP: [blank]
 - Aid Category: 049, Benefit Plan: MEDICAID FFS
 - Comments: N, Incidents: N, Retired TPL: Y, HIPP Status: [blank], Exception Indicator: [blank]
- Medicare Information:** A table with columns for Policy #, Coverage Begin Date, Coverage End Date, Eligibility Begin Date, and Eligibility End Date. The table is currently empty.
- Other Insurance:** A table with columns for Carrier, Policy Number, Begin Date, End Date, and Coverage Type. It lists two policies:

Carrier	Policy Number	Begin Date	End Date	Coverage Type
00182	1234567891A	02/01/2005	12/31/9999	O
00182	1234567891A	01/01/1999	12/31/9999	L
- Footer:** Includes a 'DATA DISPLAYED.' message and a navigation menu with options like Medicare, Member, Eligibility, Part D, Financial, Comments, Case, TPL Resource, Retired TPL, Sub Menu, Main Menu, Cost Eval, and Case Sum.

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TPL Summary Screen Data Fields

Member ID:	The DMAS-administered identification number that is used to tie all claims for a single member together.
Name:	Member name.
Case ID:	A number that uniquely identifies the family or group of individuals in the same Case entity.
Caseworker:	The identification code of the eligibility worker assigned to the case at the local Department of Social Services (DSS) Office.
FIPS:	The locality of the DSS office that administers the member's case. See MMIS Help for a table of valid values.
Incident:	Reserved for DMAS TPL Unit. Not currently in use.
Aid Category:	This is the program category under which a member is eligible for Medicaid or DMAS- administered programs. See MMIS Help for a table of valid values.
Benefit Plan:	A code that represents the benefit plan under which services for an enrolled individual may be reimbursed. See MMIS Help for a table of valid values.
Exception Indicator:	A code used as a modifier to the Benefit Plan Code, indicating the level of care (LOC) that the member is receiving in a nursing home facility or waiver service. It also identifies CMM restriction levels. Valid values can be found in the Benefit Plan screen layout in the Layouts section.
Policy #:	The number at the Social Security Administration (SSA) of individual on whose earnings benefits are paid or eligibility is established for Medicare coverage.
Medicare Part A Coverage Begin Date:	Date Part A coverage began.
Medicare Part A Coverage End Date:	Date Part A coverage ends.

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Medicare Part B Coverage Begin Date: Date Part B coverage began.

Medicare Part B Coverage End Date: Date Part B coverage ends.

Medicare Part D Eligibility Begin Date: The date Part D eligibility began.

Medicare Part D Eligibility End Date: The date Part D eligibility ends.

Carrier: The five character code that identifies the insurance carrier.

Policy: The number assigned to the policy by the insurance carrier.

Begin: The date the policy began with the insurance carrier.

End: The date the policy ends with the insurance carrier.

Coverage Type: A code that identifies the type of coverage an member has with the third party. A complete listing can be found in the portion of this chapter that deals with the TPL Resource screen.

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Carrier Inquiry by Name Screen

This screen allows a user to search for the insurance carrier by name. The system will pull:

- all carriers whose name contains the name entered on the screen when a complete name is entered; or
- all carriers containing the partial name entered when entered.

The screenshot shows the 'VIRGINIA MEDICAID TPL CARRIER INQUIRY BY NAME' screen. The search input field is populated with 'Anthem'. The table below the search field is empty, indicating that the search results have not yet been displayed. The page includes a navigation menu at the top with options like 'Member', 'Provider', 'Reference', 'Claims', 'Financial', 'Service Auth', 'Automated Mailing', 'SURS', 'MARS', 'EPSDT', 'MICC', 'TPL', 'Assessments', and 'Drugs'. The 'Reports' menu is also visible. The page footer contains buttons for 'Enter', 'Refresh', 'Details', 'Return', 'Sub Menu', and 'Main Menu'.

- From the TPL menu Select TPL Carrier Inquiry by Name and Inquiry
- Select [Enter]
- Enter the name of the carrier or the first 3 letters of any carrier name
 - Example- Enter **Anthem** or **Ant** in the name data field
- Select [Enter] to display the list of matches

A list of all providers with the name entered or the 3 alpha characters entered will display for review. Limiting the alpha characters entered for the name increases the number of carriers displayed if the spelling of the name is uncertain.

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Screen ID: TP-S-003
 Trans ID: VFT5
 Program ID: TPT202

VIRGINIA MEDICAID
TPL CARRIER INQUIRY BY NAME

Date: 02/01/2012
 Time: 09:08
 Page: 01 of 02

Carrier Name: ANTHEM

Select	Code	Name	City	State	Zip
<input type="radio"/>	00A97	ANTHEM BLUE CROSS/BLUE SHIELD	LOUISVILLE	KY	40233
<input type="radio"/>	00B78	ANTHEM PRESCRIPTION MANAGEMENT, LLC	CINCINNATI	OH	45250
<input type="radio"/>	00E89	ANTHEM BLUE CROSS BLUE SHIELD	INDIANAPOLIS	IN	46204
<input type="radio"/>	00F60	ANTHEM SOUTHEAST DENTAL	BALTIMORE	MD	21275
<input type="radio"/>	00G72	ANTHEM BLUE CROSS AND BLUE SHIELD	DENVER	CO	80217
<input type="radio"/>	00H12	ANTHEM BCBS BLUE CARD PPO	LOUISVILLE	KY	40233
<input type="radio"/>	00H30	ANTHEM DENTAL	OXNARD	CA	93031
<input type="radio"/>	00H90	ANTHEM DENTAL CLAIMS	MINNEAPOLIS	MN	55440
<input type="radio"/>	00H96	ANTHEM BC/BS DENTAL ADM. OFFICE	SAN ANTONIO	TX	78265
<input type="radio"/>	00I24	ANTHEM OF CALIFORNIA	LOS ANGELES	CA	90068
<input type="radio"/>	00J25	ANTHEM BLUE CROSS BLUE SHIELD	BALTIMORE	MD	21279
<input type="radio"/>	00O30	ANTHEM OF VIRGINIA	RICHMOND	VA	23279
<input type="radio"/>	00O34	ANTHEM BC/BS OF CHATTANOOGA TN	CHATTANOOGA	TN	37402
<input type="radio"/>	00182	ANTHEM ADMINISTRATORS - VA	RICHMOND	VA	23285
<input type="radio"/>	00548	ANTHEM HEALTHKEEPERS	RICHMOND	VA	23279

DATA DISPLAYED.

Buttons: Enter, Refresh, Details, Return, Sub Menu, Main Menu

- Scroll through the list to locate the insurance carrier
- Select any carrier and choose the Details button to view additional information on the carrier

The DMAS TPL Unit will add new insurance companies when needed. The required information is: full name of the company, address including city, state & zip and telephone number. You can email this information to: TPLunit@dmas.virginia.gov. Once the company is added you will be sent the new carrier code via email.

A list of the insurance companies & the related carrier codes is also available through the DMAS Internet site, www.dmas.virginia.gov. Click on “Provider Services” to the left of the page under DMAS Content Menu. Then click on the link labeled “General Information”. In the middle of the next page you will see “Alpha Insurance Code List” and “Numeric Insurance Code List”. One list is by alpha order the other by carrier code order. The lists are updated every couple of months so if you don’t find the code you need search by name in the MMIS system.

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TPL Carrier Detail Inquiry/Update

Note: LDSS cannot update TPL Carriers.

- From the TPL menu Select TPL Carrier Inquiry by Name and Inquiry
- Select [Enter]
- Enter the Carrier Code
- Select [Enter], carrier information displays

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The screenshot displays the Virginia Medicaid MMIS web portal. The browser address bar shows the URL: https://www.test-dmas-portal.com/wps/myportal/HatsEMMIS!/ut/p/c5/dY7JDoJAEAU_qZsdjwNDGligMsgyF4 - Micr.... The page features the Virginia Medicaid logo and a navigation menu with options like Member, Provider, Reference, Claims, Financial, Service Auth, Automated Mailing, SURS, MARS, EPSDT, MICC, TPL, Assessments, and Drugs. The main content area is titled "VIRGINIA MEDICAID TPL CARRIER - INQUIRY" and shows details for a TPL carrier named "ANTHEM ADMINISTRATORS - VA".

Screen ID: TP-S-004
 Trans ID: VFTO
 Program ID: TPT204

VIRGINIA MEDICAID
TPL CARRIER - INQUIRY

Date: 02/01/2012
 Time: 09:08

Carrier Code:

Letter Exception Indicator: N
 Date of Trans: 07/07/2008

TPL Carrier Information

Name: ANTHEM ADMINISTRATORS - VA
 Contact: Phone #: 804 - 342 - 0010
 Address 1: P.O. BOX 85639
 City: RICHMOND State: VA Address 2: Zip: 23285 - 5639

TPL Carrier Billing Information

Name: ANTHEM ADMINISTRATORS - VA
 Contact: Phone #: 804 - 342 - 0010
 Address 1: P.O. BOX 85639
 City: RICHMOND State: VA Address 2: Zip: 23285 - 5639

Comments:

DATA DISPLAYED.

Buttons: Enter, Update, Clear Form, Refresh, Cost Eval, Resource, Return, Sub Menu, Main Menu

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Medicare

Medicare Policy Rules for TPL Data Fields

- Source:** **Source code B (Bendex)**
- A Medicare policy with a source code of B cannot be updated by LDSS
 - For changes, contact the DMAS Buy-In unit at MedicareBuyIn@dmas.virginia.gov or call (804) 786-7414/ (804)-371-8888
- Policy Type:** Medicare Policies can only have policy type M
- Status:** Status codes A (active), I (inactive), H (history) and R (retired) are the only valid status codes for Medicare policies
- Carrier Code:** Medicare policies **must** have a carrier code of 00001
- Begin Date:** Medicare policy begin dates **cannot** be more than 6 months in the future
- End Date:** Policy end date must be **greater than or equal to** last coverage end date
- Policy Number:** A Medicare Claim Number **Cannot** Exist for More than One Member: If it is determined that the claim number being added or even updated is currently in use by another member/individual, contact the DMAS Buy-In Unit for resolution at MedicareBuyIn@dmas.virginia.gov or call (804) 786-7414 or (804) 371-8888
- Invalid Policy Number:**
- Medicare claim numbers with one of the following BICs **must match** the member SSN: A, J1, J2, M, M1, T, TA
 - Medicare claim numbers with a BIC other than those listed above must **NOT** match the member SSN
- Coverage Codes:** Deleting Coverage Codes-deleting all coverage segments will result in deleting the policy. Invalid Coverage Code-Medicare policies can **only** have coverage codes of B and/or A.

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**Coverage Begin
End Dates:** Coverage Dates must be Within Policy Dates- coverage dates **and** outside of the policy dates will result in an update of the policy dates unless there is a policy in History status

Medicare Part D: The Eligibility Begin Date is calculated by the MMIS as the **earliest** of the Part A or B begin date but not before 1/1/2006

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Updating/Changing a Medicare Claim Number

Inaccurate Medicare Claim Numbers

If it is determined that the existing Medicare claim number was never accurate for the member, delete the existing policy as described earlier in this chapter and add the correct Medicare coverage as applicable. **Do not use Update mode to change the Medicare policy number if the claim number was never valid for the member.**

- If the Medicare claim number was accurate at one time but has since changed you will need to update the claim number as follows.
 - Ex: Claim number was 123456789B and is being changed to 123456789D
- From the TPL Menu select TPL Update then select Change
- Select [Enter] to move to next screen
- Enter Member ID#
- Select [Enter]

Example- the current Medicare policy number ends with a BIC of **B**

The screenshot displays the 'VIRGINIA MEDICAID TPL RESOURCE - UPDATE' interface. Key fields include Member ID: 161 045472 055, Case ID: 121014099001, and Policy #: 222345678B. The member's name is JOHNSON, MEGAN K. The screen also shows a table of coverage periods:

Cov	Begin Date	End Date	Exhaust	Co-pay Amount	%	Deductible Amount	Type	Met
A	12012010		N	0 00	000	0 00		N
B	12012010		N	0 00	000	0 00		N

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- Key the new Medicare claim number; the BIC has changed, from **B** to **D** for this member
- Select [Enter]
- Select Update to save changes; message displays “Record Inserted”

Screen ID: TP-S-002
Trans ID: VFT2
Program ID: TPT102

**VIRGINIA MEDICAID
TPL RESOURCE - UPDATE**

Date: 02/22/2012
Time: 11:30
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Member ID: 161 045472 055 DSS Update Ind: Last Trans Date: 02/22/2012 Source: Comments: N
Case ID: 121014099001 DSS: M8558 FIPS: 161 Policy #: 222345678D Ret:
Name: JOHNSON MEAGAN K Policy Added Date: 02/22/2012 Policy Type:
Benefit Plan: Premium Type:
Carrier Name: MEDICARE Carrier Code: 00001 Absent Parent:
Status: Status Date: 02/22/2012 Begin Date: 12 01 2010 Retired TPL: N
Verify: Verify Date: 02/22/2012 End Date:
Group Name: Group #: SSN: 000000000
Policy Holder: Address: Phone#:
City: State: Zip: HIPP:
HIPP ST:
Met:
Coinsurance: .00 %: Deductible: .00

Cov Update Date: 02/22/2012

Cov	Begin Date	End Date	Exhaust	Co-pay Amount	%	Deductible Amount	Type	Met
A	12012010		N	0 00	000	0 00		N
B	12012010		N	0 00	000	0 00		N
				00		00		
				00		00		
				00		00		

RECORD INSERTED.

Buttons: Enter, Update, Clear Form, Refresh, Member, Payee Data, Part D, Carrier, Return, Sub Menu, Main Menu, Absent Parent, Comments, Cost Eval, Retired TPL

Creation of a History Record

Updating a Medicare claim number will result in the creation of a policy record with status **H** (History) which serves only as an audit trail record of the prior policy data. History records are unique in that they can only be deleted by DMAS Buy-In Unit staff. The history record is maintained as a means of allowing you to see what the claim number was before and it ensures that the Medicare claim number can be put back in place if the current Medicare policy is deleted for whatever reason. Deleting a Medicare policy with a history record will reactivate the history record, returning it to an active status (**A**). If the history record is also an error then the history record should be deleted once it is no longer in history status (**H**).

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Viewing History Records

- Access TPL Resource in Inquiry mode
- Enter member ID
- Select [Enter]

You are now on page 1 of 2 (prior to the claim number above update there was only 1 TPL policy page). The current policy is displays on page 1 and shows a status of **A** (Active) and the Medicare claim number after BIC update.

- Using the Scroll button on the upper portion of the screen, scroll down to move to the next Policy page
- Page 2 shows status **H** (History) and the Medicare claim number prior to the BIC update

Screen ID: TP-S-002
Trans ID: VF11
Program ID: TP1102

**VIRGINIA MEDICAID
TPL RESOURCE - INQUIRY**

Date: 02/22/2012
Time: 11:36
Page 01 of 02

Member ID: 161045472055 DSS Update Ind: N Last Trans Date: 02/22/2012 Source: H Comments: N

Case ID: 121014099001 DSS: M8558 FIPS: 161 Policy #: 222345678D Rel: Z

Name: JOHNSON MEAGAN K Policy Added Date: 02/22/2012 Policy Type: M

Benefit Plan: Carrier Code: 00001 Absent Parent: Retired TPL: N

Carrier Name: MEDICARE Begin Date: 12 01 2010

Status: A Status Date: 02/22/2012 End Date: Group #: HIPP: HIPP ST: Met: N

Verify: Y Verify Date: 02/22/2012 Group #: SSN: 000000000

Group Name: Phone#: Deductible: 0.00

Policy Holder: State: Zip: %: 000 Coinsurance: 0.00

Address: City: State: Zip: %: 000 Coinsurance: 0.00

Cov Update Date: 02/22/2012

Cov	Begin Date	End Date	Exhaust	Co-pay Amount	%	Deductible Amount	Type	Met
A	12 01 2010		N	0 00 000		0 00		N
B	12 01 2010		N	0 00 000		0 00		N

DATA DISPLAYED.

Buttons: Enter, Update, Clear Form, Refresh, Member, Payee Data, Part D, Carrier, Return, Sub Menu, Main Menu

MMIS User's Guide for DSS	D-36
Chapter D	4/2/2012

Looking at the upper right hand portion of the screen note the change to page 2 of the TPL History for this member. To the left note the Status of **H**.

UAT1 | Home | Contact Us | Help

Virginia Medicaid

MMIS

Help | Print | Logoff

Member Provider Reference Claims Financial Service Auth Automated Mailing SURS MARS EPSDT MICC TPL Assessments Drugs

Reports

Screen ID: TP-S-002
Trans ID: VFT1
Program ID: TPT102

VIRGINIA MEDICAID
TPL RESOURCE - INQUIRY

Date: 02/22/2012
Time: 11:38
Page 02 of 02

Member ID: 161045472055 DSS Update Ind: N Last Trans Date: 02/22/2012 Source: H Comments: N
Case ID: 121014099001 DSS: M8558 FIPS: 161 Policy #: 222345678B Rel: Z
Name: JOHNSON MEAGAN K Policy Added Date: 02/22/2012 Policy Type: M
Benefit Plan: Premium Type:
Carrier Name: MEDICARE Carrier Code: 00001 Absent Parent:
Status: H Status Date: 02/22/2012 Begin Date: 12 01 2010 Retired TPL: N
Verify: Y Verify Date: 02/22/2012 End Date: Group #:
Group Name: SSN: 000000000
Policy Holder: Phone#: HIPP:
Address: HIPP ST:
City: State: Zip: %: 000 Deductible: 0.00 Met: N
Coinsurance: 0.00

Cov Update Date: 02/22/2012

Cov	Begin Date	End Date	Exhaust	Co-pay Amount	%	Deductible Amount	Type	Met
A	12 01 2010		N	0 00	000	0 00		N
B	12 01 2010		N	0 00	000	0 00		N

DATA DISPLAYED.

Enter Update Clear Form Refresh Member Payee Data Part D Carrier Return Sub Menu Main Menu

Done Internet 100% 11:40 AM