

Third Party Payor Liability

As a condition for participation in the Medicaid program, all Members are required to assign their rights to any benefits to the Department and agree to cooperate with the Department in identifying third parties who may be liable for all or part of the cost for providing services to the Member. NBH, as the State Contractor, has the same rights as the Department for assignment of benefits from the Member.

NBH will actively pursue and collect from third party resources that have been identified except when the cost of recovery efforts reasonably exceed the amount that may be covered by NBH. NBH may retain as income all amounts recovered from third party resources as long as the recovery effort is in compliance with the State contract and applicable state and federal laws.

NBH will report to the Department the recovery efforts on a quarterly basis. This report will contain Department required information as stated on the Department format and will be reported no later than thirty (30) calendar days following the end of each quarter.

Identification and Reporting of Potential Third Party Payors

NBH will make every effort to identify potential third party payors for Members receiving Covered Services.

NBH will require Providers to obtain this information from their clients at the time of client registration and verify periodically with the client as to changes in payor or addition of a third party payor. Providers will be required to report this information to NBH and send claims to the third party payor before issuing claims to NBH for services provided.

Member Rights Regarding Third Party Payor Liability

NBH will not restrict access to Covered Services due to the existence of possible or actual third party payor liability.

NBH will inform Members through its Consumer Handbook of the following:

- Members must comply with NBH's protocols when a third party is not primarily liable, including using Providers within the NBH network, prior to receiving non-emergency medical care. Members who fail to follow the protocols will be responsible for payment or cost of the services that NBH would have been liable to pay. If NBH substantively fails to communicate the protocols to the Members, the Member is not liable to NBH or Provider for payment or cost of the services.
- Members must comply with the protocols of the third party payor when a third party is primarily liable, including using Providers within the third party's network, prior to receiving non-emergency medical care. Members who fail to

follow the third party's protocols will be responsible for payment or cost of the services that the third party would have been liable to pay. If the NBH, third party or the Provider substantively fails to communicate the protocols to the Member, services for which the third party is liable are non-reimbursable and the Member is not liable to the Provider.

Payment of Claims Regarding Third Party Payor Liability

NBH is not responsible for Medicare co-payment, coinsurance, and deductibles for approved Medicare Part B Services processed by Medicare Part A.

For all other third party payors, NBH will pay all applicable co-payments, coinsurance and deductible for approved Covered Services for the Member from the third party resource using the lower of pricing methodology except that, in any event, the payments is limited to the amount that Medicaid would have paid under Medicaid fee-for-service:

- › The sum of reported third party coinsurance and/or deductible; or
- › The Colorado Medicaid allowed rate minus the amount paid by the third party, whichever is lower.

**NORTHEAST BEHAVIORAL HEALTH
THIRD PARTY LIABILITY REPORTING**

**FORM #
036**

Client Name:			
Address: (Street, PO Box, City, State, Zip)			
Telephone:		Date of Birth:	
Medicaid ID:		Social Security #:	

Medicare Third Party Payor	
Medicare ID:	

Other Third Party Payor	
Relationship to Policyholder:	
Health Insurer: (Complete Name, Street, PO Box, City, State, Zip, Telephone)	
Policy ID:	
Policy Group:	
Policyholder Social Security #:	
Effective Date:	
Policy Member: (Complete Name, Street, PO Box, City, State, Zip, Telephone)	

- › All fields must be completed. Forms with blank fields will be returned for completion.
- › Form may be faxed (970-392-1354), mailed to NBH at 1300 N. 17th Avenue, Greeley, CO 80631, or completed on the NBH Website.
- › Notification must be sent to NBH within five (5) business days of discovery.