# PerformCARE®

# Instruction Guide
# For Third Party Liability (TPL)
# Functionality in CYBER

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## Third Party Liability (TPL) CYBER Functionality

## Contents

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## I. Introduction

The CYBER Release 1.44.2.1-11 focuses around the new Third Party Liability (TPL) functionality within CYBER, which collects private health insurance information for youth. TPL information is gathered and entered by PerformCare's associate and PE Entities at Case Management Organizations (CMO and MRSS). All CYBER users that have access to a youth's record via an open Security will have the ability to access and view the Insurance tab of the Face Sheet; only PerformCare, CSOC, PE Entities will have the ability to add records, edit existing records, copy and delete records that have not been marked as "complete" or "verified".

Once a TPL record has been marked "complete", meaning all required fields have been entered, it will be sent to the Office of the Medicaid Inspector General (OMIG) for verification; only records that contain a Medicaid ID number for the youth will be sent to OMIG for verification. Once the insurance coverage has been verified, OMIG transmits the information to DXC, who will then send a verified record to PerformCare NJ. The verified record will have a Source of "DXC" and a Status of "Verified".

TPL records will have one of three statuses on the Insurance tab – Open, Complete, Verified. Open indicates that the record is open for editing and deletion, and is not verified. Complete indicates that all required fields have been finished. Once the user has indicated that the record is complete by clicking the "Complete" button, the record can no longer be edited or deleted and the record is going to be sent to OMIG for verification. Completed records will have a date in the "Sent" column on the Insurance tab once they have been sent to OMIG. Verified indicates that the TPL information has been verified by OMIG, and returned to PerformCare by DXC; these records cannot be edited or deleted from CYBER.

**Note** – The insurance information gathered in CYBER is only for the youth; in some instances, a youth may not be covered under the same insurance as their parent or legal guardian. The Insurance tab and the records listed there should only hold information for the youth. In addition, the only insurance coverage that is being gathered and entered into CYBER at this time is Medical/Surgical and Mental Health coverage. Other coverage, such as Dental, Pharmaceutical and Vision, are not a part of this CYBER release and may be included in the future.

There are automatic data gathering of Medicaid/3560 coverages (such as PE/NJ FamilyCare/HMO/3560 eligibility number) that may appear in the Insurance tab of the youth's CYBER record. When a Medicaid/3560 is approved, it is automatically recorded under insurance tab and sent electronically to OMIG to be verified. Please note these coverages PE/Medicaid (NJ FamilyCare)/HMO/3560 eligibility number viewed under the insurance tab are not considered TPL. Reminder, TPL is private health insurance information only.

In addition, Premium Support SPC information will be shown/identified in the insurance (TPL) tab. The purpose of the Premium Support Program (PSP) is to provide financial support to adults and children to help cover the cost of employer-sponsored health insurance. Eligible PSP youth are assigned by Medicaid SPC codes of 50, 51,52,53,54, 55, 56, 57, 58, and 59. These SPC codes are considered as TPL, which are designated to the family that has TPL private insurance, which the premium is too high to pay. In these cases, Medicaid pays the TPL premium.

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## II. Acronyms and Definitions:

| | |
|---|---|
| **3560** | Medicaid "look-alike" that acts just as a NJ FamilyCare Medicaid eligibility number; **Except,** it only covers authorized services for youth active in CSOC. 3560 is payer of last resort and only a CME can apply for 3560 number. |
| **3560-5xxx** | This eligibility number ONLY covers FSS services for Developmental Disabled (DD) determined youth. |
| **DOS** | Date of Service |
| **BPS Assessment** | Bio-Psycho-Social/Assessment |
| **CME** | Care Management Entity – Either CMO or MRSS |
| **CMO** | Care Management Organization |
| **CSA** | Contract System Administrator |
| **Eligibility** | A youth that has coverage such as Medicaid NJ Family Care, 3560…etc. |
| **DXC** | DXC Technology Solutions is a federal state vendor that manage & process Medicaid. |
| **MRSS** | Mobile Response and Stabilization Services |
| **NJ FamilyCare** | An insurance program for youth & low-income families in New Jersey (Formally known as Medicaid of New Jersey). |
| **Prior Authorization Number** | A computer generated and unique number that indicates approved service code and units; this number is required to bill for services rendered. |
| **TPL** | Third Party Liability- Private health insurance |
| **CSOC** | Children System of Care |
| **PE eligibility number** | Presumption Eligibility Number (i.e. 2530xxxxx). Is a temporary Medicaid number assigned to Youth until the PE can verify/collect all legal/financial documentation. |
| **PE** | Presumption Eligibility is an associate assigned from each county in New Jersey to oversee youth's record and works along with Mobile Response & Care Management Organizations. |
| **OMIG** | Medicaid Inspector General |
| **SPC** | Special Program Code administered by NJ FamilyCare (Medicaid) |
| **PSP** | Premium Support Program |

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## III. Accessing CYBER

Users must first log into CYBER with their Username and Password. CYBER can be accessed via the PerformCare website – www.performcarenj.org . The link is available at the top and bottom of the main page.
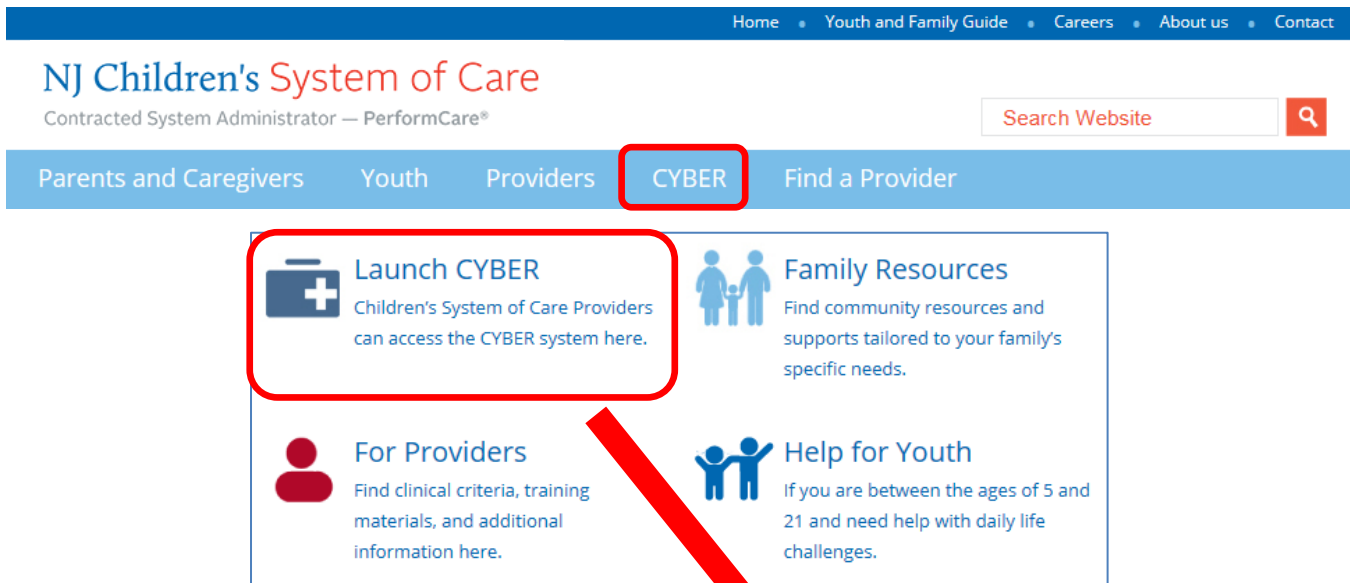


Each provider organization has at least one CYBER Security Administrator, and your agency's CYBER Security Administrator can set up a login for you.

Your access will be based on your login type and security levels.

**Before you log in, keep in mind…**

- There is no 'back button' use in CYBER!
- Most areas/buttons are single-click – do not double-click on a button!
- Every time you launch CYBER, **you will be required to enter your Username and Password and click the LOGIN button to continue**.

Below the log in area is a statement that, as a CYBER user, you acknowledge your responsibility to protect the privacy of, and to guard against, the inappropriate use of the Protected Health Information (PHI) contained within the system.

This statement will appear each time you log in.

Please also check the **Providers** section on the PerformCare website for the most up-to-date technical requirements (such as browser compatibility and operating systems) that a user would need to access CYBER.

To access the TPL information for a youth, users will need to locate the correct youth's record by using the Quick Search function from the Welcome Page (1), the Youth/Child Search (2), or My Active Youth (3) function.
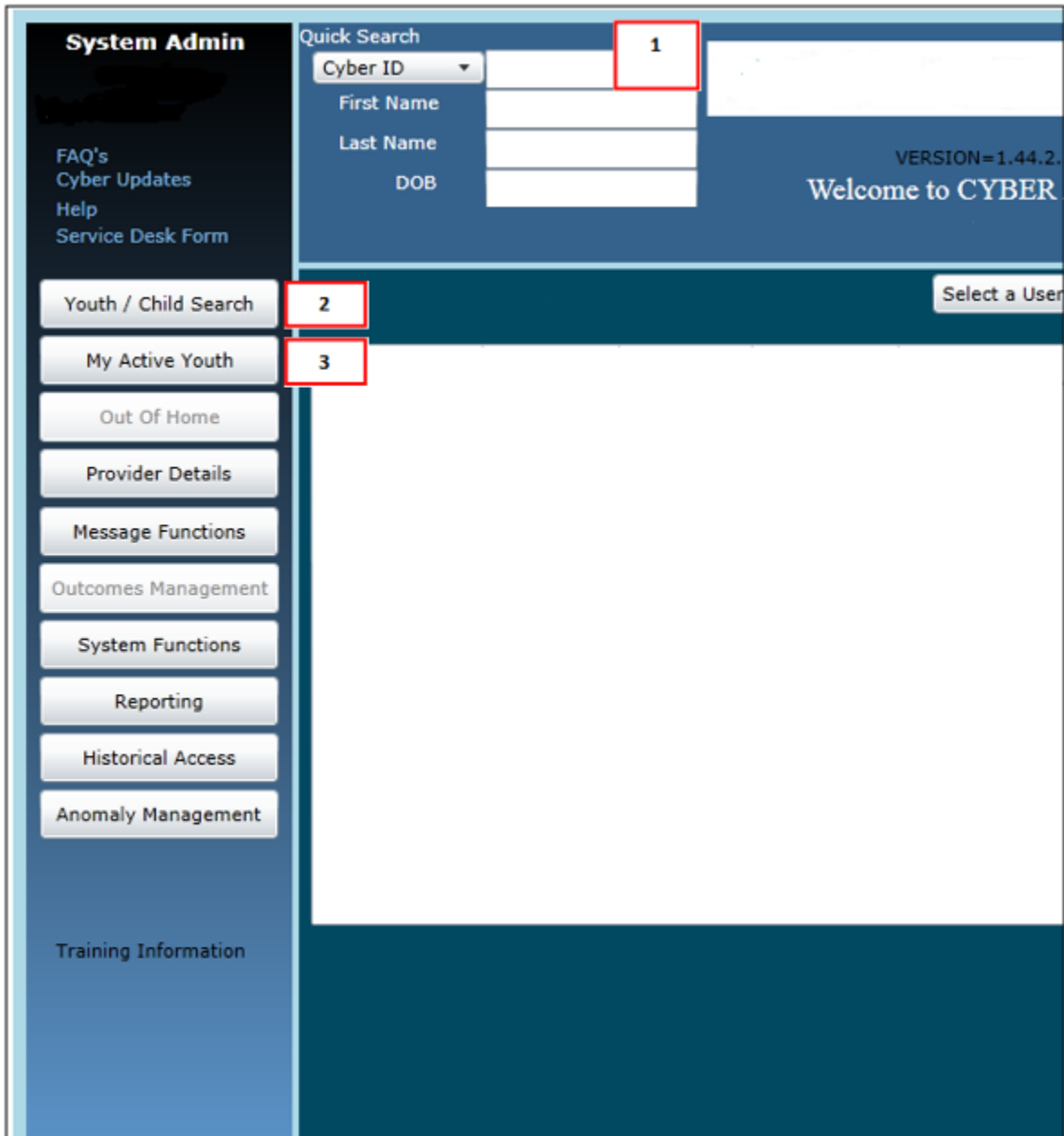


Once the correct record has been located, the user will need to navigate to the Insurance tab of the Face Sheet.



The user will find the TPL records for the youth, as well as the Medicaid HMO/Managed Care records for the youth that also appear on the Eligibility tab of the Face Sheet.

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## IV. Insurance Tab Details



The Insurance tab includes the youth's First and Last Name, Middle Initial and Date of Birth from the Demographics tab. These fields cannot be edited here; changes need to be made on the Demographics tab.

The tab includes an "Add Insurance" button, which allows the user to open a new TPL record, and a filter which defaults to "Active Insurance". When set to Active Insurance, the grid will populate with only the TPL and Eligibility records that have an End Date that is in the future or that has not been entered. When the filter is set to "All Insurance", all TPL and Eligibility records, regardless of End Date or Status, for the youth will appear in the grid.

The grid includes:

- Source – indicates where the record originated; users will see OIT (Medicaid Managed Care record), DXC (Medicaid record), CYBER TPL (TPL record entered manually into CYBER on the Insurance tab) or CYBER 3560 (TPL record manually entered into CYBER from the 3560 Application)
- Type – description of the type of insurance that is detailed in the record
- Status – indicates the current status of the record; only CYBER TPL, CYBER 3560 and DXC sourced records will have a status. One of three statuses will appear:
    - Open – indicates the record is not complete and is open for editing and deletion
    - Complete – indicates that a user has entered information into all required fields and the record is now locked to editing and deletion. The record will be sent to OMIG for verification
    - Verified – indicates the record has been returned to PerformCare from DXC and the insurance information has been verified as being correct
- Start Date – start date of the insurance coverage
- End Date – end date, or termination date, of the insurance coverage
- Sent Date – date the record was sent to OMIG for verification; only CYBER TPL and CYBER 3560 records will have a date in this column
- Comment – currently not being used
- Description – details on the coverage type and/or name of the insurance carrier

All records in the grid can be opened to show further details.

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This is an example of a details window for a Medicaid HMO/Managed Care record.



*Note: Medicaid HMO/Managed Care records cannot be edited. This information is automatically fed into CYBER by DXC Technology system.*



This is an example of the Insurance Details window for any TPL records manually entered into CYBER.

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## V. Insurance Details Screen for TPL Records

The first section is for Youth Information.

**YOUTH INFORMATION**

| LAST NAME * | FIRST NAME * | DATE OF BIRTH * | SSN | YOUTH/CHILD ID | MEDICAID |
|---|---|---|---|---|---|
| | | | XXX-XX-### | | |

| ADDRESS 1 | ADDRESS 2 | | CITY | STATE | ZIP |
|---|---|---|---|---|---|
| | | | | | |

*Note: All fields marked with an asterisk (\*) are required fields; all must be completed in order for the record to be submitted for verification by OMIG.*

All of the fields in this section will automatically populate from the youth's Face Sheet; the fields cannot be edited from the Insurance Details screen. All changes have to be made on the Demographics tab of the Face Sheet.

The second section is for Youth Insurance Information.

**YOUTH INSURANCE INFORMATION**

| LAST NAME * | FIRST NAME * | DATE OF BIRTH * | ☐ SAME AS ABOVE | ☐ INSURANCE CARD PRESENT |
|---|---|---|---|---|
| | | <M/d/yyyy> 15 | | |

| ADDRESS 1 | ADDRESS 2 | CITY | STATE | ZIP |
|---|---|---|---|---|
| | | | | |

This section was added to differentiate between the information found on the Face Sheet and what is found on the youth's insurance card. If the information is the same, the user can select the "Same As Above" checkbox, which will populate all fields with the same information from the Youth Information area.

*Note: The checkbox for "Insurance Card Present" should be selected by PE Entities when they have seen the insurance card for the policy that covers the youth.*

The third section is for Policy Holder Information.

**POLICY HOLDER INFORMATION**

| LAST NAME * | FIRST NAME | SSN * | | |
|---|---|---|---|---|
| | | XXX-XX-### | | |

| INSURER CODE | INSURANCE CARRIER * | | INSURER PHONE | |
|---|---|---|---|---|
| | | | ( ) | |

| INS. ADDRESS 1 | INS. ADDRESS 2 | CITY | STATE | ZIP |
|---|---|---|---|---|
| | | | | |

Although listed as required, if the Last Name and/or SSN of the Policy Holder is not available or is unknown, the user should enter "N/A" into the fields to fulfill the requirement.

Insurance Carrier, and its associated contact information fields, are all manually entered. Care should be taken when completing, since this information will aid in verifying the insurance coverage.

The fourth section is for Insurance Information.

**INSURANCE INFORMATION**

| POLICY NUMBER * | GROUP NUMBER | COVERAGE TYPE * | RELATIONSHIP * | EFFECTIVE DATE | TERMINATION DATE |
|---|---|---|---|---|---|
| | | ▼ | ▼ | <M/d/yyyy> 📅 | <M/d/yyyy> 📅 |

The Policy Number may be listed as the "ID Number" on the insurance card for the youth.

Coverage Type now includes only three options – Medical/Surgical, Mental Health, Medical/Surgical/Mental Health.

Relationship includes an option for "Parent/Other"; this is the relationship of the policy holder to the youth.

Effective Date and Termination Date, if not completed by the user, will be completed by OMIG during the verification process.

The final section is for Employer Information.

**EMPLOYER INFORMATION**

| EMPLOYER CODE | EMPLOYER NAME | | EMPLOYER PHONE |
|---|---|---|---|
| | | | ( ) |
| ADDRESS 1 | ADDRESS 2 | CITY | STATE | ZIP |
| | | | | |

Although none of the fields in this section are required, completing them will assist in the insurance verification process.

The final component of the Insurance Details screen is the button row.
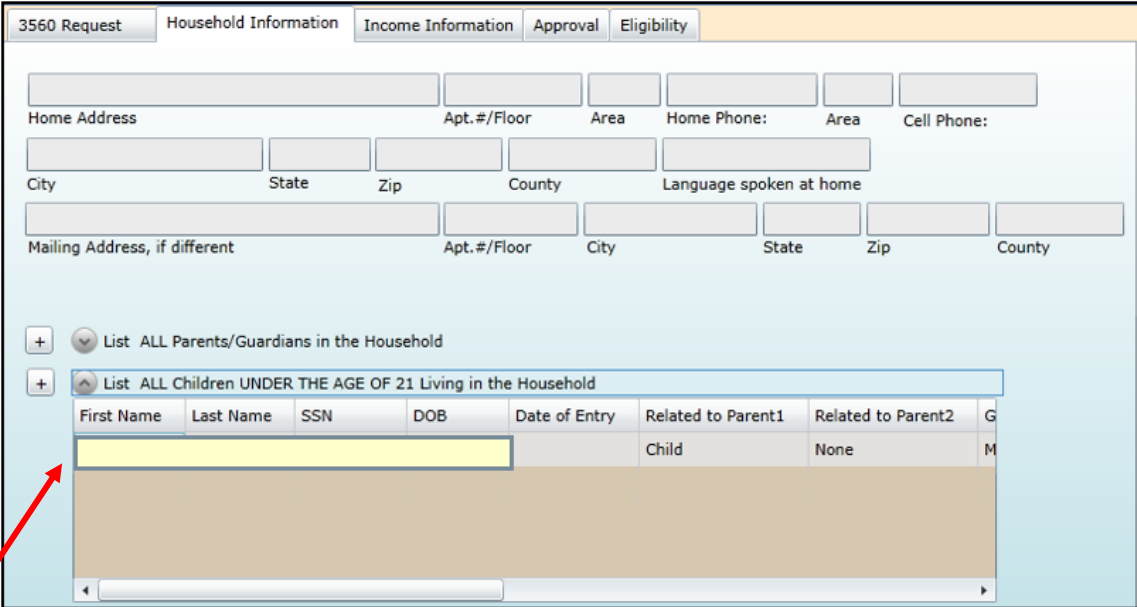
| Save | Save & Close | Copy | Complete | Delete | Cancel | View Comment |
|---|---|---|---|---|---|---|

- Save –saves the record and keep the window open for further editing.
- Save & Close – will save the record and close it, returning the user to the Insurance tab.
- Copy- duplicates the existing TPL information record in the Insurance tab grid.
- Complete – runs a validation on the required fields to check for completeness; if all fields are filled in, the record will be locked for editing and will be sent to OMIG for verification. If the fields are not completed, the user will receive an error message, stating which fields are missing and indicating that the record has not been saved.
- Delete – available only for records that have a status of "open".
- Cancel – will cancel any actions taken prior to a Save.
- View Comment – currently not being used.
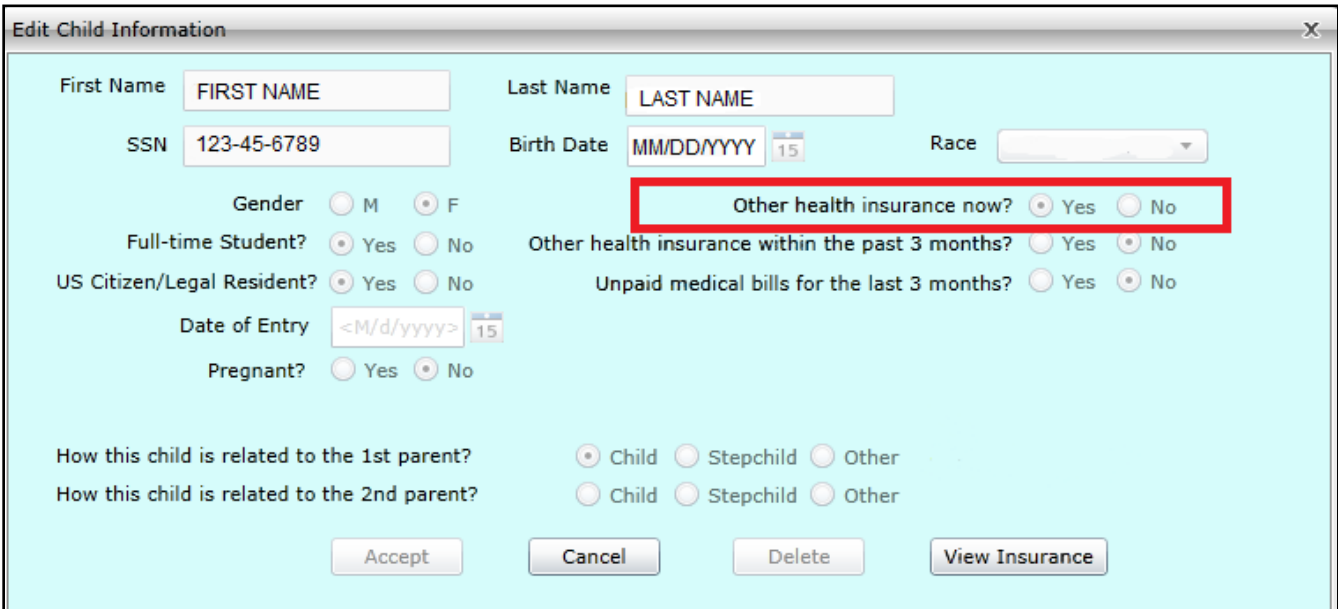
# VI. TPL and 3560 Interaction

While TPL can stand alone from the 3560 Application, there are instances when a 3560 Application will not be available for submission without a complete TPL record in the system for the youth.

In a 3560 Application, the user will navigate to the Household Information tab.



Double-clicking on the youth (in the **Children Under The Age Of 21** area) will open up the details window for the youth's View Insurance coverage.



If the youth currently has health insurance, the user must continue to select "Yes" for "Other health insurance now?" which will open the Insurance tab of the youth's Face Sheet in a new window (leaving the 3560 Application open in the background).

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*The above screen-shot is an example of the open Insurance Tab from the youth's Face Sheet, with the 3560 Application still open in the background.*

The user must do one of the following actions: **Complete** an existing, "open" TPL record, **Delete** an existing, "open" TPL record and start a new record, or click on the "**Add Insurance**" button to enter a new TPL record for the youth.

In order to submit the 3560 Application, a completed TPL record must be on file for the youth. If the TPL record is not complete, the user will be unable to submit the 3560 Application.

- If there is a saved TPL record that was started by another user, the current user (as long as they have the appropriate rights in CYBER) can complete the record in order to submit the 3560 Application. Also, if there is a completed TPL record and an open TPL record for the youth, as long as the termination/end date for the coverage (in the completed record) is in the future or has not been entered, the 3560 Application can be submitted.

If the youth currently does not have health insurance, the user must continue to select "No" for "Other health insurance now?" if there is an open TPL record for the youth, the user will receive a warning message indicating that there is an open record. This will not prevent the user from submitting the 3560 Application.

- By choosing "No", the user is indicating that the youth does not currently have other health insurance coverage at the time that the 3560 Application is being completed.

*Note: 3560 x5 is an eligibility number that ONLY covers FSS services for Developmental Disabled (DD) determined youth. This eligibility number is automatic generated by OIT. The number is triggered when a youth is admitted into an FSS program, and is receiving FSS services (i.e. creation of an approved prior authorization).*

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## VII. References

PerformCare website:

Providers – Training Section: http://www.performcarenj.org/provider/training.aspx

o General Trainings for all CSOC Providers Section - Instructional Guide to the CYBER Face Sheet
https://www.performcarenj.org/pdf/provider/training/care-management-organization/cyber-face-sheet.pdf

o Billing and Claims section
3560 and TPL Data Collection
https://www.performcarenj.org/pdf/provider/training/billing-claims/3560-tpl-data-collection-cyber.pdf

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**PerformCare Customer Service**

**www.performcarenj.org/ServiceDesk**

**1-877-652-7624**

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