Arizona Early Intervention Program (AzEIP)

Where Every Family Has a Team

TPL GUIDANCE

Team-Based Early Intervention Services

September 15 2015

Part C funds are available to pay for early intervention services for eligible children when there are no other funding sources available. Other sources include public and private insurance. This guidance document is designed to assist providers in entering insurance information into I-TEAMS, identifying those services potentially reimbursable from public and private insurance, and how to invoice those services through I-TEAMS.

What is TPL?

TPL is Third Party Liability. When the family provides consent to bill insurance, TPL will apply to the use of both public and private insurance (including Military Tri-Care) for reimbursement for services provided to children in Early Intervention. Under IDEA Part C, early intervention services are funded through a variety of funding sources. AzEIP is required to utilize all funding sources to pay for services prior to using federal funds. Accessing TPL to pay for all, or part of a particular service, assists the program in meeting that federal mandate. I-TEAMS has billing functionality to record and invoice those instances when a provider makes a TPL claim for reimbursement. The following steps need to be completed for providers to submit a TPL claim.

Documenting and Entering Consent to Bill Insurance

The DES/AzEIP Office revised the procedures for obtaining and documenting a family's decision surrounding their Consent to Bill Health Insurance. Service Coordinators (SC) are required to review the sources of funding for early intervention services with families during the initial visit and obtain consent or a declination to bill health insurance (for private insurance) or to share personally identifiable information (for public insurance). The SC is responsible to ensure the information on the form is entered into I-TEAMS, a copy of the completed form is maintained in the child's record, and a copy is also sent to the DES/AzEIP Office.

The SC is required to review and document the family's decision on the Consent to Bill Insurance Form at the initial visit. Consent to bill insurance (private insurance only) must be subsequently obtained anytime a service is added or increased. In the instances when an IFSP addendum is completed, the consent to bill insurance is included at the bottom of the form. A separate Consent to Bill Insurance form is not needed. When a child has both a primary and secondary insurance, Private Insurance must be listed as the Primary Insurance. Public Insurance is listed as secondary due to the fact that public insurance requires the use of available private funds prior to the use of public funds.

The second (back) page of the Consent to Bill Health Insurance looks like this:

⊞ PRIMARY INSURANCE

INSURANCE NAME		HEALTH PLAN, IF APPLICABLE

MEMBER'S ID NO.	EFFECTIVE DATE	GROUP NO.

MEMBER'S NAME	MEMBER'S DATE OF BIRTH

POLICYHOLDER'S NAME (If different than member name)	POLICYHOLDER'S EMPLOYER (If private insurance)

CLAIMS ADDRESS	PHONE NO.

PRIMARY CARE PROVIDER	PRIMARY CARE PROVIDER'S PHONE NO.

SECONDARY INSURANCE

INSURANCE NAME		HEALTH PLAN, IF APPLICABLE

MEMBER'S ID NO.	EFFECTIVE DATE	GROUP NO.

MEMBER'S NAME	MEMBER'S DATE OF BIRTH

POLICYHOLDER'S NAME (If different than member name)	POLICYHOLDER'S EMPLOYER (If private insurance)

CLAIMS ADDRESS	PHONE NO.

PRIMARY CARE PROVIDER	PRIMARY CARE PROVIDER'S PHONE NO.

The SC is required to complete all the above fields on the paper Consent to Bill Health Insurance Form legibly and accurately and document the information in the I-TEAMS data system. The information should be obtained from the policyholder's insurance card.

Once the insurance information is collected, the SC is responsible to ensure the information is entered on the Insurance Information page in I-TEAMS. All data is to be entered into I-TEAMS within ten (10) business days of the family signing the Consent to Bill Insurance form. To access the Insurance Page in I-TEAMS, navigate from the Child Demographics page by selecting the Insurance Information page link at the bottom of the Child Demographics page.

A sample Insurance Information Page and instructions to enter the data in I-TEAMS follows:

The page opens in read-only mode to avoid making unintended changes.

Click "EDIT" at the lower left corner of the page (first screen shot above). Once that is done, information can be added.

Steps to Enter Insurance Information:

 Enter **Primary Care Provider** and **Primary Care Provider Phone**. (if available)

☐ Select **Family Consent "**Yes","No", or "NA". Select "N/A" when there is no insurance.

☐ Enter **Consent Date** using calendar icon.

☐ Enter **Rescind Date if necessary**. NOTE: Only enter a rescind date when the family consent changes from "Yes" to "No"

☐ Enter **Child's Member Id** and **Insurance Type**.

☐ Enter **Insurance/ Health Plan Name by selecting from the** drop down list.

☐ Enter **Policy Holder's Name, Policy Holder's Employer, Plan Type, Policy Number, and Group Number**.

☐ Enter **Effective Date of Coverage (obtained from the policyholder's insurance card when available)** using the calendar icon.

☐ Click on the **Save Changes** button to save the data you entered (second screen below).

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A sample completed Insurance Information page will look like:

FOCUS pushes the AHCCCS/ALTCS AHCCCS ID, ALTCS ID, beginning and end dates into I-TEAMS which is reflected in the above screen shot. However, the insurance information must still be entered into I-TEAMS. The Insurance Information page should be reviewed to ensure that all data fields are complete. If not, follow the steps above to edit the Insurance Information page.

Update Primary or Secondary Insurance Information

When Insurance Company for a child record needs to be changed because there is a new policy or the family rescinds their consent, do NOT update the existing insurance that is entered. Click on New Primary button to enter New Primary Insurance information; this will retain the

previous Insurance Company's information. If Secondary Insurance has changed, then click on New Secondary button to enter new Secondary Insurance Company

Clicking on New Primary makes the existing Insurance information move to Previous Insurance(s) section, so that new Insurance information can be entered under the Primary Insurance section. This also ensures that payments for services provided prior to the change in insurance carriers are accurately recorded for invoice purposes.

| | Primary Care Provider: | | | Insured DOB: 1/24/2013 | AHCCCS ID: | | Begin Date: __/__/__ | End Date: __/__/__ |
| | Primary Care Provider Phone: | | | | ALTCS ID: | | Begin Date: __/__/__ | End Date: __/__/__ |

Primary Insurance

| | | | | | **Secondary Insurance** |
| Family Consent: Yes ○ No ○ N/A ○ | Consent Date: __/__/__ | Rescind Date: __/__/__ | | Family Consent: Yes ○ No ○ N/A ○ | Consent Date: __/__/__ | Rescind Date: __/__/__ |

Child's Member ID:			Child's Member ID:	
Insurance Type: [-------]			Insurance Type: [-------]	
Insurance/Health Plan Name [----------]			Insurance/Health Plan Name [----------]	
Policy Holder's Name:			Policy Holder's Name:	
Policy Holder's Employer:			Policy Holder's Employer:	
Plan Type	(Example: EPO, PPO, HMO, etc.)		Plan Type	(Example: EPO, PPO, HMO, etc.)
*Policy Number:			Policy Number:	
*Group Number:			Group Number:	
*Effective Date of Coverage: __/__/__			Effective Date of Coverage: __/__/__	
Customer Service Phone:			Customer Service Phone:	
Claims Address:			Claims Address:	

[Edit] [Cancel]   [New Primary] [New Secondary]

Previous Insurance(s)

	Insurance Name	Plan Type	Policy Number	Group Number	Effective Date	Policy Holder Name
Details	WALT DISNEY CO	PPO	987654321	60-1960	1/1/2015 12:00:00 AM	Mortimer Mouse

Click on the Edit button to add New Primary Insurance data and then click on Save Changes to save the updated Insurance Information.

Previous Insurance Information can be viewed by clicking on Details Link

Primary Care Provider:	Insured DOB: 1/24/2013	AHCCCS ID:	Begin Date: __/__/__	End Date: __/__/__
Primary Care Provider Phone:		ALTCS ID:	Begin Date: __/__/__	End Date: __/__/__

Primary Insurance

Family Consent: Yes ○ No ○ N/A ○   Consent Date: __/__/__   Rescind Date: __/__/__

Child's Member ID: _____

Insurance Type: [------ ▼]

Insurance/Health Plan Name [--------- ▼]

Policy Holder's Name: _____

Policy Holder's Employer: _____

Plan Type [____] (Example: EPO, PPO, HMO, etc.)

*Policy Number: _____

*Group Number: _____

*Effective Date of Coverage: __/__/__

Customer Service Phone:

Claims Address:

Secondary Insurance

Family Consent: Yes ○ No ○ N/A ○   Consent Date: __/__/__   Rescind Date: __/__/__

Child's Member ID: _____

Insurance Type: [------ ▼]

Insurance/Health Plan Name [--------- ▼]

Policy Holder's Name: _____

Policy Holder's Employer: _____

Plan Type [____] (Example: EPO, PPO, HMO, etc.)

Policy Number: _____

Group Number: _____

Effective Date of Coverage: __/__/__

Customer Service Phone:

Claims Address:

[Edit] [Cancel]   [New Primary] [New Secondary]

Previous Insurance(s)

	Insurance Name	Plan Type	Policy Number	Group Number	Effective Date	Policy Holder Name
Details	WALT DISNEY CO	PPO	987654321	60-1960	1/1/2015 12:00:00 AM	Mortimer Mouse

Insurance Name: WALT DISNEY CO   Insurance Type: Private   Is Primary? Yes   Plan Type: PPO

Policy Number: 987654321   Group Number: 60-1960   Effective Date: 1/1/2015   Policy Holder Name: Mortimer Mouse

Policy Holder Employer: WD Co   Claims Address: 500 S BUENA VISTA ST   Customer Service: (818) 972-3315   Child's Member ID: 123456789

Family Consent? Yes   Consent Date: 4/15/2015   Rescind Date: No Date

[Close Details]

Creating and Updating the IFSP

After the IFSP is written and the Insurance Information page is updated to reflect consent for the new services, the SC navigates to the IFSP Information page using the IFSP Information link at the bottom of the Insurance Information page to enter all IFSP services and associated funding sources. The IFSP Information page looks like this:

Steps to Enter IFSP Information if there is no open IFSP:

☐ To create an IFSP click the **Create New IFSP** button

☐ Then select **Initial IFSP** from the IFSP Type drop down list. Otherwise select **annual, six month review or other review.**

☐ Enter the **IFSP Date** and the next **IFSP review date when available**. Use calendar icon.

☐ Select **45 Day Delay Reason** using drop down list if you are entering an Initial IFSP and the date is more than 45 days past the referral date.

☐ Select **Parent Consent as Written Yes/No**.

☐ Enter **Consent Date** using calendar icon. 🗓

☐ Select **Save IFSP** button.

☐ Click on **Add New Services button**.

☐ Select **Service** using drop down button.

☐ Enter **Discipline, Frequency**, **Service Setting, duration for each visit, and, if "other" is selected for frequency the number of visits, a range of 1-99 is used.**

☐ Enter **Planned Start**. Use calendar icon. 🗓   Planned Start cannot be before Current IFSP Date.

☐ Enter **Planned End**. Use calendar icon. 🗓   Planned End cannot be after the next IFSP Review Date or on or after the child's third birthday.

☐ Select **Funding Source**. Consult the insurance information as needed. Check all that apply.

☐ Click on **Add Service button** to save your entry after each service

☐ Repeat the steps from **Add New Service** above to add each service on the child's IFSP until completed. Each service type can be entered to an IFSP one time only.

Steps to follow to update an existing, IFSP:

☐ Select **Create New IFSP**

☐ Select the **IFSP Type** (Annual, 6 Month Review or Other) from the IFSP Type drop down menu

☐ Enter the **IFSP Review Date** using the calendar icon 🗓

☐ Enter the **Parent Consent as Written** (Yes/No)

☐ Enter the **Consent Date** using the calendar icon 🗓

☐ Select **Save IFSP**.

☐ Select **Add New Services to begin entering the agreed upon IFSP services from the IFSP meeting**

☐ Select **Service** using drop down button.

Enter **Discipline, Frequency**, **Service Setting, duration for each visit, and if other selected for frequency the number of visits, with a range of 1-99.**

☐ Enter **Planned Start**. Use calendar icon. Planned Start cannot be before Current IFSP Date.

☐ Enter **Planned End**. Use calendar icon. 	Planned End cannot be after the next IFSP Review Date.

☐ Select **Funding Source**. Consult the insurance information as needed.

☐ Click on **Add Service button** to save your entry after you have added each service

☐ Repeat the steps above from **Add New Service** to add each service on the child's IFSP until completed. Each service type should be added to an IFSP one time only.

Entering TPL on the Service Delivery Page:

Only services that are TPL reimbursable can have public or private insurance as a potential funding source. Team Conferencing, ME, TL Not direct (ND), DSI and SC services are NOT TPL reimbursable. What is potentially TPL reimbursable?:

Potentially TPL Reimbursable Services	
Occupational Therapist	Psychologist
Physical Therapist	Social Worker
Speech-Language Pathologist	

To enter individual service deliveries, navigate to the Service Delivery page using the Service Delivery link at the bottom of the page within the child's record in I-TEAMS. When entering service delivery into I-TEAMS, TPL is "YES" or "NO" and must be entered for each service delivery. The Service Delivery page looks like this:

Once Service Delivery information has been saved, all service deliveries can then be seen:

	Date	Provider	Service	Service Modifier(s)						
Edit TPL	12/15/2014	Physical Therapist Physical Therapist Albert Einstein	Physical Therapy	Team Lead	Units: 0.50	Remaining: 2.50	Location: 85019	Setting: **Home**	TPL Reimbursable: Yes
Edit TPL	12/15/2014	Speech Language Path Speech-Language Pathologist Rene Descartes	Speech and Language Pathology Services		Units: 1.00	Remaining: 8.50	Location: 85019	Setting: **Home**	TPL Reimbursable: Yes
Edit	12/10/2014	DSI Developmental Special Instruction Frans Hals	Service Coordination Services	Non-Direct Service Coordination (Dual role)	Units: 1.00	Remaining: 20.00	Location: 85019	Setting: **Other**	TPL Reimbursable: No
Edit TPL	12/10/2014	Physical Therapist Physical Therapist Albert Einstein	Physical Therapy	Team Lead	Units: 0.50	Remaining: 3.00	Location: 85019	Setting: **Home**	TPL Reimbursable: Yes
Edit TPL	12/1/2014	Physical Therapist Physical Therapist Albert Einstein	Physical Therapy	Team Lead	Units: 0.50	Remaining: 3.50	Location: 85019	Setting: **Home**	TPL Reimbursable: Yes
Edit TPL	12/1/2014	Speech Language Path Speech-Language Pathologist Rene Descartes	Speech and Language Pathology Services		Units: 0.50	Remaining: 9.50	Location: 85019	Setting: **Home**	TPL Reimbursable: Yes

Please note that any TPL services that are NOT selected as TPL reimbursable Yes, and AzEIP has no documentation on file for a waiver, will be denied and returned to edit mode

If "Edit" is displayed on top of the TPL designation at the left of the service, this will allow the provider to edit that TPL service. If "Pending" is displayed in front of the service, and the provider needs to edit the service, the provider should discard the invoice that contains that service delivery entry putting it back again in "Edit" mode. A new invoice will need to be generated to submit the edited TPL service. If "Submitted" displays in front of the service, the service delivery has been accepted by the AzEIP office, has been forwarded on for payment so the record can no longer be edited. If edits need to be made to submitted items, providers will have to complete a "Reversal/Void Invoice Line Item Request Form" (found on the AzEIP Intranet site under Forms) and submit the completed form to "AzEIPInvoices@azdes.gov "

Creating a TPL Invoice
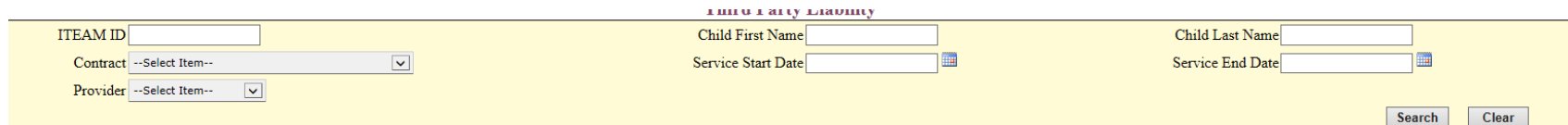
A TPL invoice will be submitted separately from other invoices. Only after the insurance company has responded (i.e., explanation of benefits) to the charges presented to them for a particular service, can a provider submit the service for payment on a TPL invoice. TPL invoices must be submitted within 9 months of the month the service was provided.

For private insurance, the TPL reimbursable value that the insurance pays will be subtracted from the AzEIP reimbursable rate. The TPL invoice allows the provider to recover the difference between those amounts.

For public insurance, payment received form the AHCCCS health plan is considered payment in full. Balance billing to AzEIP is prohibited. Invoices that include these submissions will be denied. **Until further notice, enter the amount received from the AHCCCS health plan but do not submit for payment on the TPL invoice until the final enhancement to ITEAMS is completed, which will automatically process the amount AzEIP owes as $0.00, when a partial payment is received**. Only when the AHCCCS health plan denies the prior authorization request for services, can the provider follow the process to submit the service for TPL reimbursement.

How to ADD TPL data on the Third Party Liability Page

☐ Click on the Third Party Liability link from the home page

ITEAM ID [____]	Child First Name [____]	Child Last Name [____]
Contract --Select Item-- [▼]	Service Start Date [____] 🗓	Service End Date [____] 🗓
Provider --Select Item-- [▼]		
		Search Clear

☐ Search for a child or a TPL service using any of the below mentioned fields:

    a. I-TEAMS ID
    b. Child First Name
    c. Child Last Name
    d. Contract with Service Start Date and Service End Date selection
    e. Contract with Provider selection

Once the Search results are displayed click on the select link to enter TPL details

Home Page > Billing > Third Party Liability

Third Party Liability

ITEAMS ID: 243   CIF/Assist Id: 0013592091

Child: **Tim, Tiny** DOB: **6/18/2014** Status: **Open** as of **6/26/2014**

Agency: **AzEIP** Contract Region: **The Happy Place Central Maricopa**

AzEIP 45th day from Referral Date:
Sunday, August 10, 2014

Service Delivery Information

Service Date: **12/15/2014**   Service: **Physical Therapy**   Units: **0.50**

Team Member: **Einstein, Albert**   Modifier:

Insurance Company Decision:	Denied ▾
Decision Date:	03/30/2015
TPL Reimbursable Value:	0.00
Record Status:	**Not Invoiced**

[Save] [Cancel]   [Back To Search]

Enter Insurance Company Decision.

   a. Approved – Approved will be selected when the insurance company approved the Service cost.

   b. Denied – Denied will be selected when service is not a covered service

   c. Deductible – Deductible will be selected when it's applied to the deductible. The Deductible option does not apply to public insurance (AHCCCS).

   d. Waiver – There are situations in which a transaction has been submitted through the TPL process but was denied because there is no coverage by insurance for a particular service. EOB's should be obtained by the program provider, submitted to AzEIPinvoices@azdes.gov and kept on file. This denial would mean that future submissions of the specific therapy type would also result in a denial. If a transaction falls under this classification, please follow these steps:

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1) Ensure the original billing submission for the transaction was submitted/processed through the TPL section of I-TEAMS (subject to AzEIP verification)
2) Obtain and keep on file the EOB received from the Insurance source noting denial. Submit a copy of the EOB to AzEIPinvoices@azdes.gov and a "waiver" will be generated. A complete list of children that have completed waiver information on file with the AzEIP office will be made available to each contractor monthly to ensure this information is congruent.
3) Process subsequent transactions through the regular I-TEAMS Invoice
4) Each subsequent invoice review where potential TPL items are identified, AzEIP will NOT ask questions on children in which EOB's are on file and a waiver has been granted.
5) Each new calendar year, new EOB's will need to be submitted to AzEIP
When selecting this option, a copy of the EOB must be submitted through the AzEIP email invoice process (AzEIPinvoices@azdes.gov).

Select the Decision Date using Calendar icon. This would be the date when Insurance company decision was made

Enter TPL Reimbursable value. This would be the amount that was paid by the Insurance Company

a. In cases where Insurance Company Decision is Denied, this value will be 0.00 and will not be editable
b. In case where Insurance Company Decision is Approved or Deductible, the dollar amount will need to be entered.
Note: The amount that is put in as the TPL Reimbursable Value will be subtracted from the Service amount in order to calculate the AzEIP Amount Due. AzEIP Amount Due will be the amount paid by AzEIP for that TPL service for private insurance only. AzEIP Amount Due will be displayed while creating a TPL Invoice. AzEIP Amount Due will not be displayed on the Third Party Liability page.

Click on Save to Save TPL details

To review TPL services for an invoice

After the TPL section has been entered for each service delivery in a given month, the provider is now ready to review and prepare a TPL invoice. Select Third Party Liability from the I-TEAMS home page. The Third Part Liability page looks like this:

Third Party Liability

ITEAM ID		Child First Name		Child Last Name	
Contract	--Select Item--	Service Start Date		Service End Date	
Provider	--Select Item--				

Search   Clear

Search Results Below

Note: If an employee needs the invoice permission job role added to their I-TEAMS profile the contract administrator for that program may contact the help desk to edit that employee's profile.

To review TPL services for an invoice:

☐ Click on the drop down and select the contractor.

☐ Select "Search" to run a listing of every TPL service regardless of date of service. In doing so, you will view a chronology of all TPL services. You can work to update the services from the oldest to most recent in the TPL Search Page:

Third Party Liability

ITEAM ID		Child First Name	Tiny	Child Last Name	
Contract	The Happy Place Central Maricopa	Service Start Date		Service End Date	
Provider	--Select Item--				

Search   Clear

Search Results Below

Select	ITEAM ID	Child Last Name	Child First Name	Service Date	Service	Provider	Invoice Status
Select	243	Tim	Tiny	12/15/2014	Physical Therapy	Einstein, Albert	Not Invoiced
Select	243	Tim	Tiny	12/10/2014	Physical Therapy	Einstein, Albert	Not Invoiced
Select	243	Tim	Tiny	12/1/2014	Physical Therapy	Einstein, Albert	Not Invoiced

Clicking **Select** for an individual service will provide you with the TPL Data Entry Page for that service:

The user can now create a TPL invoice:

☐Click on the Create Invoice Link from the left hand main menu (under the **Billing** header)

☐Invoice page is displayed

☐Click on the Prepare Invoice Button

☐Select the Contract

      a.   Only the Contracts that you are associated with will be displayed in the drop down

☐Select the Start Date and End Date using the calendar icon.

☐Click on "**Get Services**" button

☐Services delivered between Start Date and End Date will be displayed on the Invoice

☐Click on the View TPL Services tab to access the TPL Service Deliveries for the selected time frame

      a. TPL Services that have all the TPL data (TPL decision, TPL Amount, etc.) entered will be displayed under this tab.

      b. TPL services that do NOT have TPL data entered will NOT be displayed under this tab

☐Click on Save Draft button on the View TPL Invoice page to Save the TPL Invoice as draft

      a.   This step Does NOT submit the Invoice to the AzEIP Admin for Review and Payment

      b.   Clicking on Save Draft will only save the TPL Invoice as Draft under the Review Draft Section

      c.   Once the draft is saved, each of the services listed under this draft will have the designation of "Pending" listed on the service delivery page. This means the service delivery is not available for editing.   The draft has to be discarded for the delivery to be editable

      d.   To review the draft click the create invoice tab, click review draft, select the contract of the TPL you want to view, and click retrieve draft.

      e.   If the draft is complete and correct you may click the submit button to submit it to the AzEIP office. If the draft is not complete or correct it may be deleted by clicking the discard button.

Note: Separate *TPL Invoices for the previous nine (9) months can only be submitted once monthly.* A separate invoice for each month is to be created and submitted

Once a TPL service tab is submitted an invoice will be created and sent to AzEIP for reimbursement.   The TPL Invoice Page will look like this:

Please review the TPL invoices and remove any items showing an "AzEIP Amount Due that have an insurance type listed as "public". AzEIP is not able to reimburse the program for the difference paid when public insurance is utilized.   ITEAMS enhancements are underway to ensure that the AzEIP Amount Due generates a $0.00 amount due when a partial payment is received from an AHCCCS health plan.

To Review a previously submitted TPL invoice

The provider will NOT be able to review a TPL invoice that has been submitted for processing to AzEIP.   If a copy is required after the AzEIP office has reviewed the document and submitted for payment, program providers may submit a request to AzEIPInvoices@azdes.gov.

When viewing a submitted TPL invoice, there are Notes that may appear on the right hand column of a TPL listed service delivery. The user can click the "view more" button for notes that are long and cannot be fully seen on the service delivery line item.

There are four (4) statuses of TPL services deliveries:

1) Edit-service has not been included on a TPL invoice draft and can be changed
2) Pending-service has been included on a TPL draft invoice
3) Submitted-program has reviewed, approved and submitted the TPL service delivery to AzEIP for processing
4) Reviewed-service has been approved by AzEIP for payment.

This is what a program provider will see once the TPL service delivery has been approved and submitted to AzEIP for processing:

	Date	Provider	Service	Service Modifier(s)					
Submitted TPL	4/15/2015	Occupational Therapist Occupational Therapist ▉▉▉▉	Occupational Therapy		Units: 1.00	Remaining: 3.00	Location: 85310	Setting: Home	TPL Reimbursable: Yes

Documentation of the insurance determination should be kept by the provider in the child file. Whether the insurance paid the claim in full, paid in partial, or denied the claim altogether, the documentation must be retained for subsequent review. An EOB for denied claims must also be submitted to DES/AzEIP. Given that there is a nine (9) month time frame to make any TPL claims to AzEIP, it should be a standard business practice for the provider to periodically review all TPL submissions, starting with the oldest first. This will allow the provider to follow up with the insurance carrier to ensure that a determination is received for those services still outstanding before the nine (9) month time frame precludes further submission of unpaid TPL services to AzEIP. No TPL services will be paid that go beyond the nine (9) month submittal deadline. If by chance a program provider has not heard back from an insurance company before the nine (9) month deadline, they should submit the TPL claim and then adjust later if there was any subsequent payment made by the insurance company.