



Guidance for Third Party Health Insurance (TPHI):

- EMOD/VMOD/AT requests for members who have TPHI must have proof that TPHI does not cover the requested item/project.
- The CM is responsible for assisting the family with obtaining this documentation. FMS cannot communicate with TPHI to request this information.
- **Verbal confirmation of exclusion information is not acceptable. Proof of exclusion must be in written form.**
- *Tips/Tricks for communicating with TPHI:*
 - Request an exclusion letter, not a denial letter. FMS does not need proof that the item was denied, but rather proof that the item is not covered as part of the benefit package.
 - Requesting a denial letter will result in TPHI requesting a code to process a claim, which we often do not have.
 - Request to speak with the Medically Fragile liaison if the plan has one. They may be able to better assist with determining with requests related to EMODs/VMODs/ATs.
 - An explanation of benefits package may be acceptable if it clearly identifies the requested item/project is excluded from plan benefit coverages.
 - The family should lead the outreach efforts to TPHI. Plans often cannot communicate with HHCMs without the family present.