Revision: HCFA-PM-94-1 (MB)
FEBRUARY 1994
State/Territory: Indiana

Citation

4.22 Third Party Liability

42 CFR 433.137

(a) The Medicaid agency meets all requirements of:

(1) 42 CFR 433.138 and 433,139,
(2) 42 CFR 433.145 through 433.148.
(3) 42 CFR 433,151 through 433.154.

1902(a)(25)(H) and (I) of the Act

(4) Sections 1902(a)(25)(H) and (I) of the Act,

42 CFR 433.138(f)

(b) ATTACHMENT 4.22-A --

(1) Specifies the frequency with which the data exchanges required in S433.138(d)(1), (d)(3) and (d) (4) and the diagnosis and trauma code edits required in §433.138(e) are conducted;

42 CFR 433.138(g)(l)(ii) and (2)(ii)

(2) Describes the methods the agency uses for meeting the follow up requirements contained in S433.138(g)(l)(i) and (g)(2)(i);

42 CFR 433.138(g)(3)(i) and (iii)

(3) Describes the methods the agency uses for following up on information obtained through the State motor vehicle accident report file data exchange required under S433.138(d)(4)(ii) and specifies the time frames for incorporation into the eligibility case file and into its third party data base and third party recovery unit of all information obtained through the follow up that identifies legally liable third party resources; and

42 CFR 433.138 (g)(4)(i) through (iii)

(4) Describes the methods the agency uses for following up on paid claims identified under §433.138(e) (methods include a procedure for periodically identifying those trauma codes that yield the highest third party collections and giving priority to following up on those codes) and specifies the time frames for incorporation into the eligibility case file and into its third party data base and third party recovery unit of all information obtained through the follow up that identifies legally liable third party resources.

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42 CFR 433.139(b)(3) x (c)

Providers are required to bill liable third parties when services covered under the plan are furnished to an individual on whose behalf child support enforcement is being carried out by the State IV-D agency.

Effective December 31, 2021, system edits will be updated to require TPL resource validation prior to making payment determinations for claims that contain services for prenatal care including labor and delivery and postpartum care.

Claims for services relating to pediatric preventative care are excluded from cost avoidance and will follow the pay and chase methodology, unless the state has made a determination related to cost-effectiveness and access to care that warrants cost avoidance for up to 90 days.

When coordination of benefits decisions are the result of child support enforcement, claims will not be subject to cost avoidance for up to 100 days following the date the claim has been submitted.

(d) ATTACHMENT 4.22-B specifies the following:

42 CFR 433.139(b)(3)(ii)(C) (1) The method used in determining a provider's compliance with the third party billing requirements at S433.139(b)(3)(ii)(C).

42 CFR 433.139(f)(2) (2) The threshold amount or other guideline used in determining whether to seek recovery of reimbursement from a liable third party, or the process by which the agency determines that seeking recovery of reimbursement would not be cost effective.

42 CFR 433.139(f)(3) (3) The dollar amount or time period the state uses to accumulate billings from a particular liable third party in making the decision to seek recovery of reimbursement.

42 CFR 447.20 (e) The Medicaid agency ensures that the provider furnishing a service for which a third party is liable follows the restrictions specified in 42 CFR 447.20.

Citation

4.22 (continued)

42 CFR 433.151(a)

The Medicaid agency has written cooperative agreements for the enforcement of rights to andcollection of third party benefits assigned to the State as a condition of eligibility for medical assistance with the following: (Check as appropriate.)

_X_ State title IV-D agency. The requirements of 42 CFR 433.152(b) are met.

_X_ Other appropriate State agency(s)--
State Police, Worker's Compensation, Division of Employment and Training

Other appropriate agency(s) of another State--

Courts and law enforcement officials.

1902(a)(60) of the Act

(f) The Medicaid agency assures that the State has in effect the laws relating to medical child support under section 1908 of the Act.

1906 of the Act

(g) The Medicaid agency specifies the guidelines used in determining the cost effectiveness of an employer-based group health plan by selecting one of the following.

The Secretary's method as provided in the State Medicaid Manual, Section 3910.

(h) The State provides methods for determining cost effectiveness on ATTACHMENT 4.22-C.

1902(a)(25)(I) of the Act

(i) The Medicaid agency assures that the state has in effect the laws that require third parties to comply with the provisions, including those which require third parties to provide the state with coverage, eligibility, and claims data under section 1902(a)(25)(I) of the Social Security Act, and specifies the compliance with 1902(a)(25)(E) and 1902(a)(25)(F).