

Revision: HCFA-PM-94-1
February 1994

(MB)

State/Territory: Nebraska

Citation

4.22 Third Party Liability

42 CFR 433.137
1902(a)(25)(H) and (I)
of the Act

- (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.
 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 §433.138(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)(1)(ii)
and (2)(ii)

- (2) Describes the methods the agency uses for meeting the followup requirements contained in §433.138(g)(1)(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 §433.138(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 followup 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 followup that identifies legally liable third party resources.

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- 42 CFR 433.139(a)(1) and (2) (5) Describes the basic provisions the agency uses for claims involving third party liability and the methods that are used for payment of claims (e.g., cost avoidance, pay and recover later) which include, but are not limited to, the requirement to apply cost avoidance procedures for claims for prenatal services, including labor, delivery, and postpartum care services.
- 42 CFR 433.139(b)(3) through (i) (6) Describes the requirement to make payments without regard to potential third party liability for pediatric preventative services, unless a determination has been made related to cost-effectiveness and access to care that warrants cost avoidance for up to 90 days.
- 42 CFR 433.139(b)(3)
(ii) (A) and (B) (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 and the state is required to make payment for the claim without regard to third party liability 100 days after the provider submits the claim to the liable third party, which has not been paid, unless a determination has been made related to cost-effectiveness and access to care at which time the payment can be made within 30 days.
- (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 §433.139(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.

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4.22 (continued)

- 42 CFR 433.151(a) (f) The Medicaid agency has written cooperative agreements for the enforcement of rights to and collection of third party benefits assigned to the State as a condition of eligibility for medical assistance with the following: (Check as appropriate.)
- State title IV-D agency. The requirements of 42 CFR 433.152(b) are met.
 - Other appropriate State agency(s)
 - Other appropriate agency(s) of another State
 - Courts and law enforcement officials.
- 1902(a)(60) of the Act (g) 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 (h) 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.
 - The State provides methods for determining cost effectiveness on ATTACHMENT 4.22-C.

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