

APA-1

TRANSMITTAL SHEET FOR
NOTICE OF INTENDED ACTION

Control No: 560 . Department or Agency: Alabama Medicaid Agency

Rule No: 560-X-20-.01.

Rule Title: Third Party Program
_____ New Rule; X Amend; _____ Repeal; _____ Adoption by Reference

Would the absence of the proposed rule significantly harm or endanger the public health, welfare, or safety? _____ no

Is there a reasonable relationship between the state's police power and the protection of the public health, safety, or welfare? _____ yes

Is there another, less restrictive method of regulation available that could adequately protect the public? _____ no

Does the proposed rule have the effect of directly or indirectly increasing the costs of any goods or services involved and, if so, to what degree? _____ no

Is the increase in cost, if any, more harmful to the public than the harm that might result from the absence of the proposed rule? _____ no

Are all facets of the rulemaking process designed solely for the purpose of, and so they have, as their primary effect, the protection of the public? _____ yes

Does the proposed rule have any economic impact? _____ no

If the proposed rule has an economic impact, the proposed rule is required to be accompanied by a fiscal note prepared in accordance with subsection (f) of Section 41-22-23, Code of Alabama 1975.

Certification of Authorized Official

I certify that the attached proposed rule has been proposed in full compliance with the requirements of Chapter 22, Title 41, Code of Alabama 1975 and that it conforms to all applicable filing requirements of the Administrative Procedure Division of the Legislative Reference Service.

Signature of certifying officer: Stephanie Lindsey

Date: 11-18-2014

FOR APD USE ONLY

PUBLISHED IN VOLUME _____ ISSUE NO. _____

EDITED AND APPROVED BY _____ DOCUMENT NO. _____

ALABAMA MEDICAID AGENCY

NOTICE OF INTENDED ACTION

RULE NO. & TITLE: 560-X-20-.01 – Third Party Program

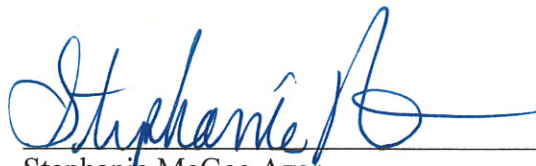
INTENDED ACTION: Amend 560-X-20-.01

SUBSTANCE OF PROPOSED ACTION: The above referenced rule is being amended for general updates. The updates are being made to revise the definitions of a health insurer so that it complies with Section 27-14-11.1 of the Code of Alabama 1975.

TIME, PLACE, MANNER OF PRESENTING VIEWS: Written or oral comments may be submitted to the Alabama Medicaid Agency, 501 Dexter Avenue, Post Office Box 5624, Montgomery, Alabama 36103-5624. Agency business hours are 8:00 a.m. to 5:00 p.m. Monday through Friday.

FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE: Written/Oral comments concerning this change must be received by the Alabama Medicaid Agency no later than January 2, 2015.

CONTACT PERSON AT AGENCY: Stephanie Lindsay, Administrative Secretary, Alabama Medicaid Agency, 501 Dexter Avenue, Post Office Box 5624, Montgomery, Alabama 36103-5624.



Stephanie McGee Azar
Acting Commissioner

Rule No. 560-X-20-.01 Third Party Program

(1) General

(a) ~~The purpose of the~~ Third Party Division ~~(TPD), of~~ Alabama Medicaid Agency, is to responsible for fulfilling the requirements pertaining to third party liability. ~~and- The purpose of the TPD is to insure to ensure~~ that Medicaid is the ~~last~~ payor of last resort.

(b) In general ~~T~~third party resources are primary to Medicaid.

(c) Federal law requires that state Medicaid agencies take all reasonable measures to identify third party resources which may have legal/fiscal/contractual liability as a result of medical assistance furnished to a Medicaid recipient.

(d) Where third party liability is known or reasonably expected, the Medicaid Agency ~~may require providers to ensure that Providers~~ collect third party resources prior to filing Medicaid.

(e) Where Medicaid payment has not been reduced by third party benefits, the Medicaid Agency is required to take reasonable measures to ~~collect~~obtain reimbursement from third parties for the cost of medical assistance furnished to Medicaid recipients to the extent that the third party may have legal/fiscal/contractual liability. This may be done through postpayment billing to the third party or through recoupment of Medicaid payment from the provider who must then file with the primary payor.

(f) Claims for services which are filed with Medicaid and paid in full or in part by a third party will be applied against program benefit limitations.

~~(g) A provider may not refuse to furnish services covered under the plan to an individual who is eligible for Medicaid under the plan due to a third party's potential liability for the service(s).~~

(2) Definitions

(a) Third Party - Any individual, entity or program that is or may be liable (contractually or otherwise) to pay all or part of the medical cost of any medical assistance furnished to a recipient under a State plan. A third party benefit may be available at any time through contract, court award, judgment, settlement, or agreement.

(b) Private insurer - a third party which may be:

1. Any commercial insurance company offering health or casualty insurance to individuals or groups, ~~(including both experience-rated insurance contracts and indemnity contracts.);~~

_____ 2. Any profit or nonprofit prepaid plan ~~(including, but not limited to, subscription plans)~~ offering either medical services or full or partial payment for the diagnosis or treatment of an injury, disease, or disability. services included in the State Plan;

3. Any organization administering health or casualty insurance plans for professional associations, unions, fraternal groups, employer-employee benefit plans, and any similar organization offering these payments or services, including self-insured and self-funded plans.

_____ 4. Any health insurer, including group health plans, as defined in Section 607(1) of the Employee Retirement Income Security Act of 1974, self-insured plans, service benefit plans, managed care organizations, pharmacy benefit managers, or other parties that are, by statute, contract, or agreement, legally responsible for payment of a claim for a health care item or service.

~~(e) Employer Drug Program—A specific program offered through a group health plan which provides benefits for prescription drugs. The program covers the prescription in full if provided by a pharmacist participating in the program; there is a co-payment required of the insured for prescriptions received from a non-participating pharmacy. The drug program pays directly to pharmacies which participate in the program; it pays benefits to the insured for prescriptions dispensed by a non-participating pharmacy. Under this program a drug card is issued through the group plan to the insured.~~

~~———(d) Third party benefit—any benefit that may be available at any time through contract, court award, judgment, settlement, or agreement.——~~

Author: Wanda Wright, Administrator, Third Party Liability

Statutory Authority: 42 CFR Section 432, 433, and 447.20; Section 1902(a)(25), Social Security Act; Section 22-6-6, Code of Alabama, 1975.

History: Rule amended March 11, 1985, October 9, 1985, March 24, 1986, June 9, 1986, and January 13, 1993. This amendment effective July 13, 1993. Amended: Filed November 18, 2014.