

APA-1

TRANSMITTAL SHEET FOR
NOTICE OF INTENDED ACTION

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

Rule No: 560-X-20-.03.

Rule Title: Documentation of Third Party Resources .
_____ 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 Lindsay

Date: 11-18-2014

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ALABAMA MEDICAID AGENCY

NOTICE OF INTENDED ACTION

RULE NO. & TITLE: 560-X-20-.03 – Documentation of Third Party Resources

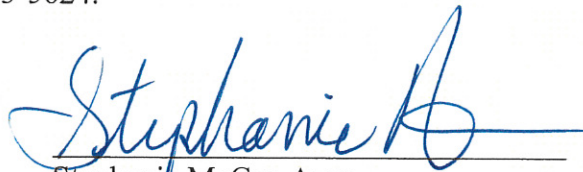
INTENDED ACTION: Amend 560-X-20-.03

SUBSTANCE OF PROPOSED ACTION: The above referenced rule is being amended to add clarification to the proper application of third party payments and the procedure for refunding duplicate payments to Medicaid. Wording has also been removed that made reference to obsolete forms and procedures.

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-.03. ~~Documentation~~Identification of Third Party Resources

(1) The Claim -

~~(a)~~ All providers are required to question Medicaid recipients to obtain information about third party resources which may pay ~~as a result of~~for medical services provided to the recipient. All providers must complete third party fields on the Medicaid claim, as required in the Alabama Medicaid Provider billing Manual.

(2) Refunds - All third party payments must be applied toward services for which payment was made. These payments may not be applied against other unpaid accounts. If providers receiveduplicate payments from a third party and Medicaid, all duplicate party payments must be refunded within 60 days by:

a) Sending a refund of payment to the Third Party Division, Medicaid; or

b) Requesting an adjustment of Medicaid payment via Medicaid's fiscal agent.

including stating the name, address, and policy number of any third party resource.

~~(2) Form XIX TPD 1-76~~

~~(a) All providers except as noted herein are required to submit a completed Form XIX-TPD 1-76 with their Medicaid claim if one or more of the following conditions are met:~~

~~1. Treatment was due to an injury~~

~~2. There is a third party resource not billed by the provider.~~

~~(b) Radiologists, Pharmacists, Pathologists, Ambulance providers, Anesthesiologists, Nursing Homes, Home Health agencies, and Children's Rehabilitation Services providers are not required to submit form XIX-TPD 1-76 with their claims.~~

~~(c) Form XIX-TPD 1-76 is not required if treatment is due to disease or a home injury where there is no potential third party liability; however, the claim must state "home injury" or "treatment due to disease". Injuries received by a patient in a nursing home are not home injuries.~~

~~(3) The Medicaid Eligibility File~~

~~(a) The Third Party Division, Alabama Medicaid Agency, is required to show the existence of third party health insurance resources on the Medicaid Eligibility File. These codes are used in claims processing.~~

~~(4) The Policy File -~~

~~(a) The Third Party Division, Medicaid, maintains a Policy File which identifies specific coverage provided by a recipient's health insurance. Under specially approved limited circumstances good cause can may be indicated so that other insurance is not filed.~~

~~(5) AVRS and MACSASEligibility Verification -~~

~~(a) Third party benefit data is available maintained on Medicaid's Automated Voice Response System and the Medicaid Automated Claim Submission and Adjudication System for inquiry by providers through various resources. Providers should access available either systems for third party health insurance information prior to filing Medicaid.~~

Author: Wanda Wright, Administrator, Third Party Liability Division.

Statutory Authority: 42 C.F.R. Section 432 & 433; Section 1902(a)(25), Social Security Act; 22-6-6 of 1975 Code of Alabama.

History: Effective date of this amendment January 13, 1993. Amended: Filed November 18, 2014.