

APA-1

TRANSMITTAL SHEET FOR
NOTICE OF INTENDED ACTION

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

Rule No: 560-X-20-.07

Rule Title: Recipient Responsibility

_____ 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-.07 – Recipient Responsibility

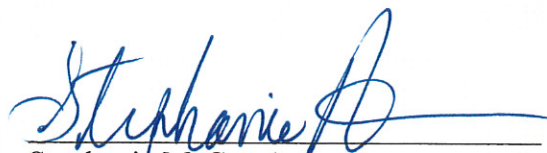
INTENDED ACTION: Amend 560-X-20-.07

SUBSTANCE OF PROPOSED ACTION: The above referenced rule is being amended to clarify the recipient's responsibility to comply with their primary plans guidelines by utilizing network providers and obtaining prior authorizations when required.

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-.07. Recipient Responsibility.

(1) The Alabama Medicaid Agency by statute is subrogated to the rights of a Medicaid recipient against any third party arising out of injury, disease, or sickness. The Medicaid recipients ~~is~~are required to assist and cooperate fully with Alabama Medicaid Agency in its effort to secure such rights including the requirement to:

(a) Notify Alabama Medicaid Agency within ten days of filing suit against a third party;

(b) Notify Alabama Medicaid Agency, Third Party Section Division, prior to entering any settlement with a third party;

(c) Immediately pay to Alabama Medicaid Agency all funds received from any third party to the extent necessary to satisfy the subrogation rights of the State of Alabama;

(d) Disclose information regarding health insurance or other third party resources when applying for Medicaid;

(e) Notify providers of medical care of health and casualty coverage and other third party resources when requesting medical care; Recipients are required to comply with their primary plans guidelines by utilizing network providers and obtaining prior authorizations when required.

(f) Notify Alabama Medicaid Agency of any health insurance obtained after becoming eligible for Medicaid;

(g) Notify Alabama Medicaid Agency, Third Party Section Division, of any casualty/liability insurance which may cover medical treatment received due to an injury;

(h) Execute and deliver all instruments and papers needed by Alabama Medicaid Agency in pursuit of its subrogation claim.

(2) The State of Alabama by statute is assigned any and all rights to benefits payable and/or payments made by any person, firm or corporation which result from medical care received by the recipient, together with the rights of any other individuals eligible for Medicaid for whom hethe recipient can make assignment. This assignment shall be effective to the extent of the amount of medical assistance actually paid by the Agency and shall, effective 11/9/84, exclude Medicare. The recipient is required to assist and cooperate fully with Alabama Medicaid Agency in its effort to secure such rights.

(3) Failure of the applicant or recipient to cooperate with the Medicaid Program to secure its rights to subrogation and assignment may result in denial or termination of Medicaid eligibility. Recipients terminated under this Rule will be notified in writing of the agency action and afforded the opportunity for a Fair Hearing under the provisions of Chapter 3 of these Rules.

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

Statutory Authority: 42 CFR Sections 432 & 433; Section 1902(a)(25), Social Security Act; Code of Alabama Sections 22-6-6 & 22-6-6.1.

History: Rule effective October 1, 1982. Effective date of amendment February 9, 1987.

Amended: Filed November 18, 2014.