

SUMMARY

Medicaid State Plan Amendment
Approved MN-24-0006

This state plan amendment was approved by the Centers for Medicare & Medicaid Services on February 27, 2024. The amendment provides assurances of compliance when third parties are liable payers, in accordance with requirements under the Consolidated Appropriations Act of 2022. The changes may be reviewed in the approved pages in Attachment 4.22-B, for MN-24-0006.

Revision: HCFA-PM-94-1 (MB)
February 1994

State: Minnesota

4.22 (continued)

Citation

- 42 CFR 433.139(b)(3)(ii)(A) X (c) Providers are required to bill liable third parties when services under the plan are furnished to an individual on whose behalf child support enforcement is being carried out by the State IV-D agency.
- (d) Attachment 4.22-B specifies the following:
- 42 CFR 433.139(b)(3)(ii)(C) (1) The methods 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 restriction specified in 42 CFR 447.20.
- 1902(a)(25)(I)(f) The Medicaid agency ensures that laws are in effect that bar liable third-party payers from refusing payment for an item or service solely on the basis that such item or service did not receive prior authorization under the third-party payer's rules. These laws comply with the provisions of section 202 of the Consolidated Appropriations Act, 2022.
- 42 CFR 433.151(a) (f) The Medicaid agency has written cooperative agreements for the enforcement of rights to and collection of third party

MN 24-0006

Supersedes: _____

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Effective Date: 01/01/24

TN 07-05, 01-02, 94-15 & 90-10

cont. Requirements for Third Party Liability Payment of Claims

(b) Covered charges minus the third-party payment amount.

(c) The medical assistance rate established under this plan minus the third-party payment amount

A negative difference will not be implemented.

Medical assistance payment will not be made when either covered charges are paid in full by a third party or the provider has an agreement to accept payment for less than charges as payment in full.

(7) Payment by liable third parties: Medical Assistance eligibility or Medical Assistance benefits

Health insurers (including group health plans, HMOs and service benefit plans) must not take into account a recipient's medical assistance eligibility or a recipient's medical assistance benefits when enrolling the recipient or making any payments for benefits to the recipient or on the recipient's behalf.

Providers are required to bill liable third parties for services furnished under a long-term care insurance policy.

The state has in effect laws for the following:

- (a) A responsible third party (other than providers of Medicare coverage under parts A, B, C or D) that requires prior authorization for an item or service must accept the state's authorization that the service is covered under the State plan (or waiver of such plan) for such individual, as if such authorization were the prior authorization made by the third party;
- (b) A responsible third party (other than providers of Medicare coverage under parts A, B, C or D) must not deny a claim submitted by the State solely based on a failure to obtain prior authorization from the third party for an item or service; and
- (c) A responsible third party must respond to any inquiry regarding a health care claim that is submitted not later than three years after the provision of such item or service to specify that the third party must respond within 60 days of receiving the inquiry.

(8) When processing claims for prenatal services, including labor and delivery and postpartum care, the Department uses standard coordination of benefits cost avoidance to reject, but not deny the claim when a third party is likely liable for the claim. If, after the provider bills the liable third party and a balance remains or the claim is denied payment for a substantive reason, the provider can submit a claim to the SMA for payment of the balance, up to the maximum Medicaid payment amount established for the service in the state plan.

STATE: Minnesota

TN: 24-0006

Effective: January 1, 2024

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Supersedes: New

Attachment 4.22-B

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- (9) The Department makes payments without regard to third party liability for pediatric preventive services unless a determination has been made related to cost-effectiveness and access to care that warrants cost avoidance within 90 days.