

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

State/Territory: Alaska

<u>Citation</u>	<u>4.22</u>	<u>Third Party Liability</u>
42 CFR §433.137		A. The Medicaid agency meets all the requirements of <ol style="list-style-type: none"> <li>1. 42 CFR 433.138 and 433.139</li> <li>2. 42 CFR 433.145 through 433.148</li> <li>3. 42 CFR 433.151 through 433.154</li> <li>4. Section 1902 (a)(25)(B), (E), (F), (H), and (I) of the Act</li> </ol>
1902 (a)(25)(B),(E), (F), (H), and (I) of the Act		
42 CFR §433.138(f)		B. <u>Attachment 4.22-A</u> <ol style="list-style-type: none"> <li>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) conducted;</li> <li>2. Describes the methods the agency uses for meeting the follow-up requirements contained in §433.138(g)(1)(i) and (g)(2)(i);</li> <li>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 database and third party recovery unit of all information obtained through the follow-up that identifies legally liable third party resources; and</li> <li>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 database and third party recovery unit of all information obtained through the follow-up that identifies legally liable third party resources.</li> </ol>
42 CFR §433.138(g)(1)(ii) and (2)(ii)		
42 CFR §433.138(g)(3)(i) and (iii)		
42 CFR §433.138(g)(4)(i) through (iii)		
42 CFR §433.139(b)(3)(ii)(A)	<input checked="" type="checkbox"/>	C. Providers are required to bill liable third parties when furnishing services covered under the plan to an individual on whose behalf the state IV-D agency carries out child support enforcement.

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4.22 (continued)

- D. Attachment 4.22-B specifies the following:
- 42 CFR §433.139(b)(3)(i) and (ii)(C)
- 42 CFR §433.139(f)(2)
- 42 CFR §433.139(f)(3)
- 42 CFR §447.20
- 42 CFR §433.151(a)
- 1902(a)(60) of the Act
- 1906 of the Act
1. The method used in determining a provider's compliance with the third-party billing requirements at §433.139(b)(3)(ii)(C);
  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;
  3. The dollar amount or time period the state uses to accumulate billings from a particular liable third party in deciding to seek recovery of reimbursement.
- 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.
- 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:
- State title IV-D agency. The state meets the requirements of 42 CFR §433.152(b).
  - Other appropriate state agency(s)
  - Other appropriate agencies of another state
  - Courts and law enforcement officials
- G. The Medicaid agency assures that the state has in effect the laws relating to medical child support under section 1908 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 in attachment 4.22-C.

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