

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: Arizona

THIRD PARTY LIABILITY

4.22(d)(1):

Method used in determining the provider's compliance with the billing requirements as specified in 42 CFR 433.139(b)(3)(ii)(A).

Providers are not required, but not prohibited, from billing liable third parties when services covered under the plan are furnished to an individual on whose behalf child support enforcement is being carried out by the State IV-D agency.

AHCCCS pays and chases all claims, regardless of submission time frames, for services furnished to AHCCCS members on whose behalf medical support enforcement is being carried out by the State IV-D agency.

4.22(d)(2):

Method used in determining cost effectiveness as specified in 42 CFR 433.139(f)(2).

AHCCCS considers the cost effectiveness principle in determining what the estimated net recovery amount to be pursued based on the likelihood of collections. Net recovery amount is defined as that amount of recovered dollars to apply to Medicaid costs. In determining the estimated recovery amount, the following factors will be considered:

- Settlement as may be affected by insurance coverage or other factors relating to the liable party;
- Factual and legal issues of liability as may exist between the client and liable party;
- Problems of proof faced in obtaining the award or settlement; and
- The estimated attorney's fee and costs required for AHCCCS to pursue the claim.

After considering the above factors, AHCCCS may pursue a lesser recovery amount to the extent that it determines it to be cost effective to do so.

4.22(d)(3):

Method used for determining billing accumulation as specified in 42 CFR 433.139(f)(3).

Specific member claims must generally total \$250.00, or more, in order for a case to be considered for potential recovery. Claims expenses are accumulated beginning with the date of injury to, whichever occurs first, the last date of treatment or the case is settled.

4.22(d)(4):

The State attests that the Third Party Liability requirements outlined in 1902(a)(25)(E) and 1902(a)(25)(F)(i) of the Social Security Act are met. These requirements are:

1. For the State to apply cost avoidance procedures to claims for prenatal services, including labor, delivery, and postpartum care services;
2. For the State to make payments without regard to potential TPL for pediatric preventive services, unless the state has made a determination related to cost-effectiveness and access to care that warrants cost avoidance for 90 days; and
3. The State's flexibility to make payments without regard to potential TPL for up to 100 days for claims related to child support enforcement beneficiaries.

4.22(d)(5):

The State attests that the Third Party Liability requirements outlined in 1902(a)(25)(I) and State Medicaid Director Letter (SMDL) 23-002 are met.

The State has in effect laws that require third parties to comply with the provisions of 1902(a)(25)(I) of the Social Security Act, including those that require third parties to provide the State with coverage, eligibility and claims data. This includes:

1. Laws that bar liable third parties 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.
2. Laws that require responsible third parties to 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. Third-party payers are required to respond to a state inquiry regarding a health care claim within sixty (60) days of receiving the inquiry.