

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Mississippi

Requirements for Third Party Liability payment of Claims

Citation 433.139(b)(3)
(ii)(c)
55 FR 1423

- (1) The provider is not required to file with the third party prior to filing Medicaid in a situation where the TP is derived from a parent whose obligation to pay support is being enforced by the State Title IV-D Agency.

433.139(f)(2)(2)
50 FR 46652

- (2) A threshold amount of \$100 is used to determine whether to seek recovery from a liable third party except for trauma-related claims in which case a threshold amount of 250 is used.

433.139(0)(3) (3)
50 FR 46652

- (3) Third party recovery will be pursued when the accumulated monthly trauma code paid claims amount for each beneficiary equals or exceeds a \$250 threshold.

The MMIS will generate monthly invoices of prenatal, preventive pediatrics, and IV-D related claims when the accumulated paid claims for each beneficiary with a third party indicator in the claims payment system and no third party amount listed on the claim, equals or exceeds a \$100 threshold.

Revision: HCFA-PM- 90-2 (BERC)
January, 1990

ATTACHMENT 4.22-B
Page 1A *
OMB NO. 0938-0193

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Requirements for Third Party Liability-
Payment of Claims

447.20(e)
55 FR 1423

The Medicaid provider may not refuse covered services to an individual who is eligible for medical assistance under the plan on account of a third party's liability. The provider may not seek to collect from the Medicaid eligible individual (or any financially responsible relative or representative of that individual) if the total amount of the third party liability is equal to or greater than the amount payable under the State Plan (which includes, when applicable, approved cost-sharing payments.) When the total third party payment is less than the amount payable under the State Plan (which includes, when applicable, approved cost-sharing payments), the provider may collect from the individual (or any financially responsible relative or representative) an amount the lesser of any approved cost-sharing amount or the difference between the amount payable under the State Plan and the total third party payment.

*Formerly approved as Attachment 4.22-B, Page 1.

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