



DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

JUN 15 2007

Region 10
2201 Sixth Avenue, MS/RX-43
Seattle, Washington 98121

RECEIVED

JUN 22 2007

Robin Arnold-Williams
Secretary
Department of Social and Health Services
P.O. Box 45010
Olympia, Washington 98504-5010

Rules and Publications

RE: State Plan Amendment # 07-005

Dear: Ms. Robin Arnold-Williams

The Department of Social and Health Services submitted State Plan Transmittal Number 07-005 to the Region 10 office of the Centers for Medicare & Medicaid Services (CMS) for approval. This amendment adds Third Party Liability (TPL) requirements to Supplemental 1, Attachment 4.22-B to comply with the requirements of the Deficit Reduction Act (DRA) of 2005, PL 109-171.

CMS has completed our review of the amendment and the State Plan Amendment is approved effective July 1, 2007 as requested by the State.

If you have additional questions or require further assistance, please contact Tom Eaton at (206) 615-2333 or via email at thomas.eaton@cms.hhs.gov.

Sincerely,

Karen S. O'Connor
BKIL

Karen S. O'Connor
Associate Regional Administrator
Division of Medicaid and Children's Health

CC: Douglas Porter, Assistant Secretary
Jerry Pike, HRSA
Ann Myers, State Plan Coordinator

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 07-005	2. STATE Washington
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: HEALTH CARE FINANCING ADMINISTRATION	4. PROPOSED EFFECTIVE DATE July 1, 2007	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		

5. TYPE OF PLAN MATERIAL (Check One):

- NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT: a. FFY 2007 0 b. FFY 2008 0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement 1 to Attachment 4.22-B page 1	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Supplement 1 to Attachment 4.22-B page 1

10. SUBJECT OF AMENDMENT:

DRA Third Party Coverage & Claims Data

11. GOVERNOR'S REVIEW (Check One):

- GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED: Exempt
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: <i>Robin Arnold-Williams</i>	16. RETURN TO: Ann Myers Department of Social and Health Services Health and Recovery Services Administration 626 8 th Street MS: 45504 Olympia, WA 98504-5504
13. TYPED NAME: ROBIN ARNOLD-WILLIAMS	
14. TITLE: Secretary	
15. DATE SUBMITTED: May 21, 2007	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED: <i>5-21-2007</i>	18. DATE APPROVED: <i>JUN 15 2007</i>
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: <i>JUL - 1 2007</i>	20. SIGNATURE OF REGIONAL OFFICIAL: <i>Karen S. O'Connor</i>
21. TYPED NAME: <i>KAREN S. O'CONNOR</i>	22. TITLE: <i>Associate Regional Administrator</i> Division of Medicaid &
23. REMARKS: <i>5/24/07 P-I requested from state to remove children's healthment 1 to language in codes 8 + 9</i>	

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

Requirement for Third Party Liability -- Payment of Claims

1. The method to determine compliance with requirements of Section 433.139(b)(3)(ii)(c) is as follows: The state plan as referenced herein requires providers to bill third parties. In a case where medical support is being enforced by the state Title IV-D Agency, the provider will be required to submit written documentation that he has billed the third party and has not received payment from the third party. It must be at least 30 days from the date of service, before the state will pay.

This same method will be used to meet the requirements contained in Section 433.139(b)(3)(i).

The State has in effect laws that require third parties to comply with the provisions, including those which require third parties to provide the State with coverage, eligibility and claims data, of 1902(a)(25)(1) of the Social Security Act.

2. The threshold amount is \$15.00/claim. This applies to both casualty and health insurance recoveries.

All claims for medical services are cost avoided if there is a TPL file in the master eligibility file indicating health insurance coverage.

3. The State Agency will seek recovery from the third party within 60 days after the end of the month in which payment was made. The State Agency will also seek recovery, within 60 days of the date the State Agency learns of the existence of a third party or when benefits become available.

The 60-day requirement in both instances applies unless the threshold of \$15/claim has not been reached.