Title or Subject: Medicaid State Plan Amendment (SPA) 20-0017 Third Party Liability Payment of Claims

Effective Date: September 1, 2020

Description:

The Health Care Authority intends to submit Medicaid State Plan Amendment (SPA) 20-0017 in order to follow the Centers for Medicare and Medicaid Services (CMS) guidance on the Bipartisan Budget Act (BBA) of 2018. The BBA expands the number of days from 30 to 100 before the state is required to pay a claim when the provider has not received payment from the third party carrier if the policy holder is a non-custodial parent, and medical support is being enforced by the Department of Social and Health Services Division of Child Support.

In addition, HCA intends to update the threshold dollar amount to open a casualty case file on an injured client, specifically when a paid ambulance claim exists in the MMIS. The cumulative paid amount on the ambulance claim(s) must exceed $220.00 to open a casualty file, ensuring it is cost-effective for HCA to pursue recovery on these claims.

SPA 20-0017 is expected to have no effect on the annual aggregate expenditures/reimbursement for all benefits and services since the SPA does not affect the amount paid to a fee-for-service provider.

A copy of SPA 20-0027 is available for review. The Health Care Authority would appreciate any input or concerns regarding this SPA. To request a copy of the SPA, you may contact the person named below. To submit comments, please contact the person named below (please note that all comments are subject to public review and disclosure, as are the names of those who comment).

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