

Division of Medicaid	New:	Date:
State of Mississippi	Revised: X	Date: 07/01/00
Provider Policy Manual	Current:	03/01/08
Section: Third Party Recovery	Section: 6.04	
Subject: Casualty Cases	Pages: 1	
	Cross Reference:	

~~In casualty cases involving the treatment of injuries arising out of vehicular collision, industrial accident, product liability, malpractice cases, etc. in which collection from the third party may be contingent upon legal action, the provider is authorized to submit claims immediately to the Medicaid fiscal agent. At the time the claim is submitted, the provider is obligated to notify the DOM Bureau of Third Party Recovery so that the collection of DOM's claim against the identified third party or parties can be pursued. The notice should contain the beneficiary's name and Medicaid ID number, the name and address of the potentially liable third party, the date and nature of the accident, and a copy of the claim submitted to the Medicaid fiscal agent. Once Medicaid has paid, the provider is not permitted to recoup from the beneficiary or the third party the differences between the provider's billed charges and the amount paid by the Medicaid agency.~~

A provider, who has filed and accepted Medicaid payment and who wishes to pursue the difference, shall submit written notification containing information relating to the existence or possible existence of a liable third party to the Medicaid Third Party Recovery Bureau within three hundred sixty five (365) days of the accident or incident for which the third party is or may be liable. The notice shall contain the following information: Medicaid recipient's name; Medicaid recipient's Social Security number or Medicaid identification number, or both; and date of the accident or incident.

A provider who has filed and accepted a Medicaid payment may accept or collect the difference from a third party. Within ten (10) working days of receipt of the difference, the provider or his agent shall notify the Medicaid Third Party Recovery Unit to determine whether it has received full reimbursement for all payments made to all providers for health care services rendered to a Medicaid recipient as a result of an accident or incident. A provider shall not disburse the difference until receipt of notification from the Medicaid Third Party Recovery Bureau that it has been made "whole." Medicaid shall be made whole. The provider shall refund Medicaid within thirty (30) days from the receipt of the duplicate payment.

In the event Medicaid agrees to and accepts less than full reimbursement for all payments made on behalf of a Medicaid recipient, excluding any partial payment, Medicaid shall be deemed to have been made whole. Medicaid shall have ten (10) working days from receipt of notice to notify the provider whether it has been made whole.

In the event a provider has knowledge that an individual is a Medicaid recipient and is receiving or has received health care services which may be covered by Medicaid as a result of the accident or incident, the provider is prohibited from: (1) demanding any payment from the Medicaid recipient or his representative or (2) pursuing collection of any type against the Medicaid recipient or his representative.

Nothing in this policy shall prevent a provider from demanding payment from, or pursuing any type of collection efforts for the difference against any liable or potentially liable third party, directly or through the Medicaid recipient or his representative who is demanding payment from any liable or potentially liable third party.

If the provider elects not to bill the Medicaid agency in casualty cases, the provider may seek recovery of the full charges against the potentially liable third party. Should the provider elect to pursue the collection of the claim directly against the legally liable third party unsuccessfully and the Medicaid agency pursues the collection of all other claims against the legally liable third party, the provider is not then authorized to make claim against DOM or the beneficiary for the services rendered on behalf of the injured Medicaid beneficiary.

A provider who has filed and accepted Medicaid payment and who fails to comply with the notification requirement stated above shall be limited to the Medicaid payment received as payment in full for the health care services rendered to the Medicaid recipient.

A provider who has filed and accepted Medicaid payment may be referred for investigation and prosecution for any possible violation of either federal or state laws.

A provider may be excluded from participation in the Medicaid Program if the provider: (1) pursues the difference prior to providing written notification to the Medicaid Third Party Recovery Bureau, (2) accepts payment from a third party and fails to comply with the provisions of this policy or, (3) fails to refund to Medicaid a duplicate payment within thirty (30) days of receipt of the duplicate payment.