

SUPPLEMENT 1 TO ATTACHMENT 4.22-A
July 1, 2007

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: ARKANSAS

STATE LAWS REQUIRING THIRD PARTIES TO PROVIDE
COVERAGE ELIGIBILITY AND CLAIMS DATA

1902(a)(25)(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)(I) of the Social Security Act.

TN No. Approval Date_____ Effective Date_____



Arkansas Department of Health and Human Services

Division of Medical Services



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TO: Arkansas Medicaid Health Care Providers

DATE: October 1, 2007

SUBJECT: Section III Provider Manual Update Transmittal

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REMOVE

Section	Date
331.000	10-13-03

INSERT

Section	Date
331.000	10-1-07

Explanation of Updates

Section 331.000: This section is revised to state that the Arkansas Code Annotated has been amended as required by the federal Deficit Reduction Act of 2005 and to add examples of third party payment sources.

Paper versions of this update transmittal have updated pages attached to file in your provider manual. See Section I for instructions on updating the paper version of the manual. For electronic versions, these changes have already been incorporated.

If you need this material in an alternative format, such as large print, please contact our Americans with Disabilities Act Coordinator at (501) 682-6789. Both telephone numbers are voice and TDD.

If you have questions regarding this transmittal, please contact the EDS Provider Assistance Center at 1-800-457-4454 (Toll-Free) within Arkansas or locally and Out-of-State at (501) 376-2211.

Arkansas Medicaid provider manuals (including update transmittals), official notices and remittance advice (RA) messages are available for downloading from the Arkansas Medicaid website:
www.medicaid.state.ar.us.

Thank you for your participation in the Arkansas Medicaid Program.

Roy Jeffus, Director

330.000 ADDITIONAL PAYMENT SOURCES

331.000 Introduction

10-1-07

The Medicaid Program is required by federal regulations to **access** all third party **payment** sources and to seek reimbursement for services that have also been paid by Medicaid. "Third party" means an individual, institution, association, corporation or public or private agency that is liable for payment of all or part of the medical cost of injury, disease or disability of a Medicaid **beneficiary**. **Arkansas Code Annotated § 20-77-306 incorporates the requirements of the federal Deficit Reduction Act of 2005 (DRA).**

Examples of third party resources are:

- A. Medicare (Title XVIII) **including Medicare Advantage Programs**
- B. Railroad Retirement Act
- C. Insurance Policies **(including insurance carried by an absent parent) such as:**
 - 1. Private health
 - 2. Group health
 - 3. Liability
 - 4. Automobile, **including casualty, medical payment, uninsured motorist, bodily injury coverage, and underinsured benefits except benefits payable for or limited under the terms of the policy to property damage or wrongful death**
 - 5. **A Managed Care Organization**
 - 6. **A Pharmacy Benefit Manager**
 - 7. **Indemnity**
- D. Worker's Compensation
- E. Veteran's Administration
- F. **TRICARE (formerly known as CHAMPUS)**
- G. Social Security Disability Determination
- H. **Self-insured plans**
- I. **Other parties that are, by statute, contract, or agreement, legally responsible for payment of a claim for a health care item or service**

Medicaid **regulations** concerning dual Medicare/Medicaid eligibility **(including QMB)** and coverage differ from the **rules regarding other third party payers and coverage**. **See section 133.300, 302.100 and 331.000 for additional information.**

Arkansas Rehabilitation Services (ARS) is **not** a third party source. If ARS and Medicaid pay for the same service, refund ARS.

Indian Health Services is not a third party resource.