

**AHCCCS NOTICE OF PUBLIC INFORMATION
INTENT TO SUBMIT A STATE PLAN AMENDMENT (SPA)**

Name of the Agency: Arizona Health Care Cost Containment System (AHCCCS)

The topic of the public information notice: Inform the public of AHCCCS's intent to submit a State Plan Amendment.

SPA Title: Third Party Liability (TPL)

SPA Overview: This SPA attests to the Third Party Liability requirements outlined in Section 1902(a)(25)(l) of the Social Security Act and is in response to Arizona Senate Bill 1250 which bars liable third parties from refusing payment for an item or service solely on the basis that such item or service did not receive prior authorization under the third-party payer's rules. This SPA will be effective September 14, 2024.

Tribal Consultation:

AHCCCS consulted with Tribes regarding this SPA on August 28, 2024 through a special Dear Tribal Leader Letter.

State Plan Amendment and Public Comment Period

The proposed SPA is located on the next page of this document.

Public notice was posted on August 28, 2024.

Comments will be accepted through September 27, 2024.

Comments can be submitted through email or postal mail. The addresses where comments may be sent are provided below.

- Email:
publicinput@azahcccs.gov
- Postal Mail:
AHCCCS
Attn: Division of Community Advocacy and Intergovernmental Relations
801 E. Jefferson St., MD 4200
Phoenix, AZ 85034

4.22(d)(3):

Method used for determining billing accumulation as specified in 42 CFR 433.139(f)(3).

Specific member claims must generally total \$250.00, or more, in order for a case to be considered for potential recovery. Claims expenses are accumulated beginning with the date of injury to, whichever occurs first, the last date of treatment or the case is settled.

4.22(d)(4):

The State attests that the Third Party Liability requirements outlined in 1902(a)(25)(E) and 1902(a)(25)(F)(i) of the Social Security Act are met. These requirements are:

1. For the State to apply cost avoidance procedures to claims for prenatal services, including labor, delivery, and postpartum care services;
2. For the State to make payments without regard to potential TPL for pediatric preventive services, unless the state has made a determination related to cost-effectiveness and access to care that warrants cost avoidance for 90 days; and
3. The State's flexibility to make payments without regard to potential TPL for up to 100 days for claims related to child support enforcement beneficiaries.

4.22(d)(5):

The State attests that the Third Party Liability requirements outlined in 1902(a)(25)(l) and State Medicaid Director Letter (SMDL) 23-002 are met.

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

1. Laws that bar liable third parties from refusing payment for an item or service solely on the basis that such item or service did not receive prior authorization under the third-party payer's rules.
2. Laws that require responsible third parties to respond to any inquiry regarding a health care claim that is submitted not later than three years after the provision of such item or service. Third-party payers are required to respond to a state inquiry regarding a health care claim within sixty (60) days of receiving the inquiry.

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