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State/Territory Name: Rhode Island

State Plan Amendment (SPA) #: 21-0023

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

February 4, 2022

Womazetta Jones, Secretary
Executive Office of Health and Human Services State of Rhode Island
3 West Road
Cranston, Rhode Island 02920

Re: Rhode Island State Plan Amendment (SPA) 21-0023

Dear Secretary Jones:

We reviewed your proposed Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 21-0023. The purpose of this SPA is to ensure Third Party Liability compliance with the Bipartisan Budget Act (BBA) of 2018 (Pub. L. 115- 123) and the Medicaid Services Investment and Accountability Act (MSIAA) of 2019 (Pub. L. 116-16), affecting the BBA of 2013.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and the Bipartisan Budget Act (BBA) of 2018 (Pub. L. 115- 123) and the Medicaid Services Investment and Accountability Act (MSIAA) of 2019 (Pub. L. 116-16), affecting the BBA of 2013. This letter is to inform you that Rhode Island Medicaid SPA Transmittal Number 21-0023 was approved February 3, 2022 with an effective date of December 1, 2021.

If you have any questions, please contact Joyce Butterworth at 857-338-0554 or via email at Joyce.Butterworth@cms.hhs.gov.

Sincerely,

A large black rectangular redaction box covers the signature of James G. Scott.

James G. Scott, Director
Division of Program Operations

cc: Kristin Sousa, Acting Medicaid Director
Kathryn Thomas, Senior Economic and Policy Analyst

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 1 — 0 0 2 3

2. STATE

RI

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT

XIX XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

12/1/2021

5. FEDERAL STATUTE/REGULATION CITATION

Pub. L. 115-123, 1902(a)(25)(E) Please see citation in Remarks section

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2022 \$ 0
b. FFY _____ \$ _____

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.22B Page 1
Pages 69, 69a, and 70

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Attachment 4.22B Page 1 Supersedes 87-15
Pages 69, 69a, Supersedes 90-15
Page 70, Supersedes 92-07

9. SUBJECT OF AMENDMENT

TPL compliance with Bipartisan Budget Act of 2018

10. GOVERNOR'S REVIEW (Check One)

- GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL

[Redacted Signature]

12. TYPED NAME
Womazetta Jones

13. TITLE
Secretary

14. DATE SUBMITTED
12/23/21

15. RETURN TO
EOHHS
3 West Rd. Virks Building
Cranston, RI 02920

FOR CMS USE ONLY

16. DATE RECEIVED
12/23/2021

17. DATE APPROVED
2/3/2022

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
12/01/2021

[Redacted Effective Date]

20. TYPED NAME OF APPROVING OFFICIAL
James G. Scott, Director

21. TITLE OF APPROVING OFFICIAL
Division of Program Operations

22. REMARKS

Pen and ink change to add Bipartisan Budget Act (BBA) of 2018 (Pub. L. 115- 123) and the Medicaid Services Investment and Accountability Act (MSIAA) of 2019 (Pub. L. 116-16), affecting the BBA of 2013 in Block 5, and the addition of pages in Block 7 and superseded page numbering in Block 8.

STATE OF RHODE ISLAND

Requirements for Third Party Liability-
Payment of Claims

The Rhode Island Medical Assistance Program seeks reimbursement in all instances regardless of amount involved except in specific circumstances in accordance with federal law as detailed below:

1. Rhode Island will use a standard coordination of benefits cost avoidance when processing claims for prenatal services, including labor and delivery, and postpartum care claims. If the State Medicaid Agency has determined a third party is liable for a prenatal claim, the agency will reject the claim and return the claim to the provider requesting the provider seek payment from the legally responsible third party.

The provider must bill the liable third party for the cost of care. If after the provider bills the liable third party and a balance remains, or the claim is rejected for a substantial reason, the provider can resubmit the claim to the State Medicaid Agency for payment of the balance up to the maximum Medicaid payment amount established in the fee schedule authorized by the state plan for the service billed.

2. Effective XX, 2021 The State Medicaid Agency shall make payments without regard to third party liability for claims related to pediatric preventive services unless the State Medicaid Agency has made a determination related to cost-effectiveness and access to care that warrants cost avoidance for 90 days in paying the claim.
3. Effective XX, 2021 the State Medicaid Agency may pay a claim related to child support enforcement without regard to third party liability for up to 100 days after a claim is submitted.

January 1990

State/Territory: Rhode Island

Citation	
433.137(a) 50 FR 46652 55 FR 1423	4.22 <u>Third Party Liability</u> (a) The Medicaid agency meets all requirements of 42 CFR 433.138 and 433.139.
433.138(f) 52 FR 5967	(b) <u>ATTACHMENT 4.22-A</u> (1) Specifies the frequency with which the data exchanges required in §433.138(d)(1), (d)(3) and (d)(4) and the diagnosis and trauma code edits required in § 433.138(a) are conducted
433.138(g)(1)(ii) And (2)(ii) 52 FR 5967	(2) Describes the methods the agency uses for meeting the followup requirements contained in §433.138(g)(1)(i) and (g)(2)(i);
433.138(g)(3)(i) And (iii) 52 FR 5967	(3) Describes the methods the agency uses for following up on information obtained through the State motor vehicle accident report file data exchange required under §433.138(d)(4) (ii) and specifies the time frames for incorporation into the eligibility case file and into its third party data base and third party recovery unit of all information obtained through the followup that identifies legally liable third party resources; and
433.138(g)(4)(i) Through (iii) 52 FR 5967	(4) Describes the methods the agency uses for following up on paid claims identified under 433.138€ (methods include a procedure for periodically identifying those trauma codes that yield the highest third party collections and giving priority to following up on those codes) and specifies the time frames for incorporation into the eligibility case file and into its third party data base and third party recovery unit of all information obtained through the followup that identifies legally liable third party resources.
433.139(b)(3) (i)(A) 55 FR 1423	(c) Providers are required to bill liable third parties when services covered under the plan are furnished to an individual on whose behalf child support enforcement is being carried out by the State IV-D agency.
	(d) ATTACHMENT 4.22-B specifies the following:
433.139(f)(2) 50 FR 46652	(1) The method used in determining a provider's compliance with the third party billing requirements at 433.139(b)(3)(iii)(C).
433.139(f)(2)	

January 1990

<p>50 FR 46652</p> <p>433.139(f)(3) 50 FR 46652</p> <p>1902(a)(25(E))</p> <p>1902(a)(25(E))</p> <p>42 CFR 447.20 55 FR 1423</p>	<p>(2) The threshold amount or other guideline used in determining whether to seek recovery of reimbursement from a liable third party, or the process by which the agency determines that seeking recovery of reimbursement would not be cost effective.</p> <p>(3) The dollar amount or time period the State uses to accumulate billings from a particular liable third party in making the decision to seek recovery of reimbursement.</p> <p>(4) The cost avoidance procedures the State uses in regards to processing claims for prenatal services.</p> <p>(5) The specific circumstances in which the State will not seek third party reimbursement.</p> <p>(e) The Medicaid agency ensures that the provider furnishing a service for which a third party is liable follows the restrictions specified in 42 CFR 447.20.</p>
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January 1990

<p>42 CFR 433.151(a) 50 FR 46652</p>	<p>(f) The Medicaid agency has written cooperative agreements for the enforcement of rights to and collection of third party benefits assigned to the State as a condition of eligibility for medical assistance with at least one of the following: (Check as appropriate.) <input checked="" type="checkbox"/> State title IV-D agency. The requirements of 42 CFR 433.152(b) are met. <input type="checkbox"/> Other appropriate State agency(s)— <input type="checkbox"/> Other appropriate agency(s) of another State— <input type="checkbox"/> Courts and law enforcement officials.</p>
<p>42 CFR 433.151(b) 50FR 46652</p> <p>1906 of the Act</p>	<p>(g) The Medicaid agency meets the requirements of 42 CFR 433.153 and 433.154 for making incentive payments and for distributing third party collections.</p> <p>(h) The Medicaid agency specifies the guidelines used in determining the cost effectiveness of an employer-based group health plan by selecting one of the following. <input type="checkbox"/> The Secretary's method as provided in the State Medicaid Manual, Section 3910. <input checked="" type="checkbox"/> The State provides methods for determining cost effectiveness on Att. 4.22-C</p>