

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Vermont

Requirements for Third Party Liability  
Payments of Claims

- (1) Compliance with the requirement that providers wait 30 days from the date of furnishing a service to bill Medicaid, if they have billed a third party, is determined by manual review of claims with hard copy documentation attached during claims processing by a claims resolution specialist.
- (2) The threshold amount for instituting recovery from a potentially liable third party is \$100.00 in Medicaid payments made on behalf of an individual recipient within one year from date of service.

The threshold amount for instituting recovery from a potential third party payer in automobile casualty cases is \$200.00 for Medicaid payments made on behalf of an individual recipient within one year from date of service unless such recovery effort is deemed not cost effective. Where a determination is made that a casualty case exceeding the \$200.00 threshold is not cost-effective to pursue, the file will be annotated to show the basis for the determination.

These threshold amounts are set at amounts determined to be cost-effective after review and study of recovery cases.

- (3) Claims less than the threshold amount are accumulated and submitted with claims of \$100.00 or over in Medicaid payments. The TPL Unit pursues recovery of paid claims from third parties for up to one year from the date of service.

The method of assuring provider compliance with 447.20 is:

1. The Medicaid Provider Agreement requires it.
2. Providers have been given specific notice.
3. The Complaint Department receives and resolves recipient complaints relating to provider collections.

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TN: 90-11  
Supersedes  
TN: 87-17

Approval Date: 07/19/90

Effective Date: 04/01/90

HCFA ID: 1076P/0019P