

**Title 23: Division of Medicaid**

**Part 306: Third Party Recovery**

**Part 306 Chapter 1: Third Party Recovery**

*Rule 1.2: Provider Requirements*

A. Medicaid providers must:

1. Identify and report any third party source to the Division of Medicaid.
2. Cooperate with the Division of Medicaid in the recovery of payments from the third party source. Providers will be held liable, to the extent of the Division of Medicaid's payment, for failure to cooperate with the Division of Medicaid's staff when they have knowledge of third party coverage.
3. Accept either the third party payment or the Division of Medicaid's payment for services provided as payment in full.

B. Providers cannot refuse to furnish Medicaid covered services to a beneficiary because of a third party's potential liability for the services.

C. The Division of Medicaid may reduce any payment amount otherwise due the provider by up to three (3) times the amount incorrectly received from the beneficiary if the provider is found in violation of Miss. Admin. Code Part 306, Rule 1.3.C.

D. The provider must obtain a signed statement from the beneficiary if beneficiary indicates they no longer have third party insurance. The statement must include the name of the insurance company, the policy number, and the beginning and ending date of coverage and must be submitted to the Division of Medicaid.

E. Requests for Medical Information

1. The Division of Medicaid requires that any medical information concerning a Medicaid beneficiary released by a provider must contain the following information:
  - a) The person is or was a Medicaid beneficiary at the time the services were rendered,
  - b) His/her Medicaid identification number, and
  - c) The claim has been submitted to the Division of Medicaid or has been paid by the Division of Medicaid.

2. If a provider receives a request for medical claims or other medical information from a Medicaid beneficiary or someone acting on the beneficiary's behalf, such as an attorney, insurance company, etc., release of said information will be restricted as follows:
  - a) Copies of claims or medical records requested by a beneficiary or the beneficiary's parent, guardian or legal representative must be furnished if the provider receives a written authorization for release of the information.
  - b) Information requested by an insurance carrier with whom a claim has been filed must be furnished directly to the carrier.
  - c) The provider must comply promptly to a request for medical information from a Medicaid beneficiary's attorney once a signed authorization from the beneficiary has been received.
  - d) Medical records or billing information requested by the Disability Determination Service (DDS) or a school system, for educational evaluation, must be sent directly to the requester. Notification to the Division of Medicaid is not necessary.

Source: 42 CFR §§ 433.136, 433.137, 433.145; Miss. Code Ann. §§ 43-13-121, 43-13-125, 43-13-305, 43-13-311, 43-13-313.

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