

Revision: HCFA-PM-95-3 (MB)  
MAY 1995

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: North Carolina

(d) ATTACHMENT 4.17-A

- (1) Specifies the procedures for determining that an institutionalized individual cannot reasonably be expected to be discharged from the medical institution and return home. The description of the procedure meets the requirements of 42 CFR 433.36(d).
- (2) Specifies the criteria by which a son or a daughter can establish that he or she has been providing care, as specified under 42 FR 433.36(f).
- (3) Defines the following terms:
  - estate (at a minimum, estate as defined under State probate law). Except for the grandfather States listed in section 4.17 (b) (3), if the State provides a disregard for assets or resources for any individual who received or is entitled to receive benefits under a long term care insurance policy. The definition of estate must include all real, personal properties, and assets of an individual including any property or assets in which the individual had any legal title or interest at the time of death to the extent of the interest and also including the assets conveyed through devices such as joint tenancy, life, estate, living trust, or other arrangement),
  - individual's home,
  - equity interest in the home,
  - residing in the home for at least 1 or 2 years,
  - on a continuous basis,
  - discharge from the medical institution and return home, and
  - lawfully residing.

TN No. 96-02  
Supersedes  
TN No. New

Approval Date 09-28-96

Effective Date 10-01-94

Revision: HCFA-PH-95-3 (MB)  
MAY 1995

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: North Carolina

- (4) Describes the standards and procedures for waiving estate recovery when it would cause undue hardship.
- (5) Defines when adjustment or recovery is not cost-effective. Defines cost effective and includes methodology or thresholds used to determine cost effectiveness.
- (6) Describes collection procedures. Includes advance notice requirements, specifies the method for applying for a waiver, hearing and appeals procedures, and the time frames involved.

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TN No. 96-02

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Approval Date: 9-28-96

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TN No. New

Revision: HCFA-PM-91-4 (BPD) OMB No. 0938-  
AUGUST 1991

State/Territory North Carolina

Citation 4.18 Recipient-Cost Sharing and Similar Charges

42 CFR 447.51  
Through 447.58

(a) Unless a waiver under 42 CFR 431-55(g) applies, deductibles, coinsurance rates and co-payments do not exceed the maximum allowable charges under 42 CFR 447.54.

1916(a) and (b)  
of the Act

(b) Except as specified in items 4.18(b)(4),(5) and (6) below, with respect to individuals covered as categorically needy or as qualified Medicare Beneficiaries (as defined in section 1905(p)(1) of the Act) under the plan:

(1) No enrollment fee, premium, or similar charge is imposed under the plan.

(2) No deductible, coinsurance, co-payment, or similar charge is imposed under the plan for the following:

(i) Services to individuals under age 18, or under--

- Age 19
- Age 20
- Age 21

Reasonable categories of individuals who are age 18 or older, but under age 21, to whom charges apply are listed below, if applicable.

(ii) Services to pregnant women related to the pregnancy or any other medical condition that may complicate the pregnancy.

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TN No. 03-04

Supersedes Approval Date: NOV 18 2003

Effective Date 8/13/2003

TN No. 92-01

HCFA ID: 7982E

Revision: HCFA-PM-91-4 (BPD)  
AUGUST 1991

OMB No.: 0938-

State/Territory: North Carolina

Citation

4.18(b)(2) (Continued)

42 CFR 447.51  
Through  
447.58

(iii) All services furnished to pregnant women.

— Not applicable. Charges apply for services to pregnant women unrelated to the pregnancy.

(iv) Services furnished to any individual who is an inpatient in a hospital, long-term care facility, or other medical institution, if the individual is required, as a condition of receiving services in the institution, to spend for medical care costs all but a minimal amount of his or her income required for personal needs.

(v) Emergency services if the services meet the requirements in 42 CFR 447-53(b)(4).

(vi) Family planning services and supplies furnished to individuals of childbearing age.

(vii) Services furnished by a managed care organization, health insuring organization, prepaid inpatient health plan, or prepaid ambulatory health plan in which the individual is enrolled, unless they meet the requirements of 42 CFR 447.60.

42 CFR 438.108  
42 CFR 447.60

— Managed Care enrollee are charged deductibles, coinsurance rates, and copayments in an amount equal to the State Plan service cost-sharing.

X Managed Care enrollees are not charged deductibles, coinsurance rates, and copayments.

1916 of the Act,  
P.L. 99-272,  
(Section 9505)

(viii) Services furnished to an individual receiving hospice care, as defined in section 1905(o) of the Act.

TN No. 03-04

Supersedes

TN No. 92-01

Approval Date: **NOV 18 2003**

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AUGUST. 19 9 1

OMB No 0938-

State/Territory: North Carolina

Citation 4.18(b) (Continued)

42 CFR 447.51 (3) Unless a waiver under 42 CFR 431.55(g) through 447.48 applies, nominal deductible, coinsurance, copayment, or similar charges are imposed for services that are not excluded from such charges under item (b)(2) above.

\_\_\_\_ Not applicable. No such charges are imposed.

(i) For any service, no more than one type of charge is imposed.

(ii) Charges apply to services furnished to the following age groups:

- 18 or older
- 19 or older
- 20 or older
- 21 or older

x Charges apply to services furnished to the following reasonable categories of individuals listed below who are 18 years of age or older but under age 21.

All individuals 18 yrs or older for all covered services other than those related to pregnancy or EPSDT, SNF, ICF, ICF-MR, mental hospital patients, and hospital emergency rooms.

TN No. 92-01  
Supersedes  
TN No. 86-19

Approval Date 10-21-92

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HCFA ID:7982E

Revision: HCFA-PM-91- 4 (BPD)  
AUGUST 19 9 1

OMB No. 0938-

State/Territory: North Carolina

Citation  
42 CFR 447.51  
through 447.58

4.18(b)(3) (Continued)

(111) For the categorically needy and qualified Medicare beneficiaries, ATTACHMENT 4.18-A specifies the:

- (A) Service(s) for which a charge(s) is applied;
- (B) Nature of the charge imposed on each service;
- (C) Amount(s) of and basis for determining the charge(s);
- (D) Method used to collect the charge(s);
- (E) Basis for determining whether an individual is unable to pay the charge and the means by which such an individual is identified to providers;
- (F) Procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53(b); and
- (G) Cumulative maximum that applies to all deductible, coinsurance or copayment charges imposed on a specified time period.

X  Not applicable. There is no maximum.

TN No. 92-01  
Supersedes  
TN No. 90-9

Approval Date 10-21-92

Effective Date 1/1/92

HCFA ID: 7982E

Revision: HCFA-PM-91- & (BPD)  
AUGUST 1991

OMB No. 0938-

State/Territory: North Carolina

Citation

1916(c) Of the Act	4-18(b)(4) _____	A monthly premium is imposed on pregnant women and infants who are covered under section 1902(a)(10) (A) (ii)(IX) of the Act and whose income equals or exceeds 150 percent of the Federal poverty level applicable to a family of the size involved. The requirements of section 1916(c) of the Act are met. ATTACHMENT 4-18-D specifies the method the State uses for determining the premium and the criteria for determining what constitutes undue hardship for waiving payment of premium by recipients.
1902(a)(52) and 1925(b) of the Act	4.18(b)(5) _____	For families receiving extended benefits during a second 6-month period under section 1925 of the Act, a monthly premium is imposed in accordance with sections 1925 (b)(4) and (5) of the Act.
1916(d) of the Act	4.18(b)(6) _____	A monthly premium, set on a sliding scale, imposed on qualified disabled and working Individuals who are covered under section 1902(a)(10)(E) (ii) of the Act and whose income exceeds 150 percent (but does not exceed 200 percent) of the Federal poverty level applicable to a family of the size involved. The requirements of section 1916(d) of the Act are met. ATTACHMENT 4.18-E specifies the method and standards the State uses for determining the premium.

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Revision: HCFA-PM-91- 4 (BPD)  
AUGUST 1991

OMB No.:0938-

State/Territory: North Carolina

Citation	4.18(c)	<u>  x  </u>	Individuals are covered as medically needy under the plan.
42 CPR 447.51 through 447.58		(1) <u>      </u>	An enrollment fee, premium or similar charge is imposed. <u>ATTACHMENT 4.18-8</u> specifies the amount of and liability period for such charges subject to the <u>maximum allowable charges</u> in 42 CPR 447.52(b) and defines the State's policy regarding the effect on recipients of non-payment of the enrollment fee, premium, or similar charge.
447.51 through 447.58		(2)	No deductible, coinsurance, copayment, or similar charge is imposed under the plan for the following:
		(i)	Services to individuals under age 18, or under--
		<u>      </u>	Age 19
		<u>      </u>	Age 20
		<u>      </u>	Age 21
			Reasonable categories of individuals who are age 18, but under age 21, to whom charges apply are listed below, if applicable:
			All individuals 18 yrs or older for all covered services other than those related to pregnancy or EPSDT# SNF ICF# ICF-MR, mental hospital patients and hospital emergency rooms.

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TN No.86-19

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AUGUST 1991

OMB No.0939-

State/Territory: North Carolina

Citation 4.18 (c)(2) (continued)

42 CFR 447.51  
through  
447.58

- (ii) Services to pregnant women related to the pregnancy or any other medical condition that may complicate the pregnancy.
- (iii) All services furnished to pregnant women.  
  
  - Not applicable. Charges apply for services to pregnant women unrelated to the pregnancy.
- (iv) Services furnished to any individual who is an inpatient in a hospital, long-term care facility, or other medical institution, if the individual is required, as a condition of receiving services in the institution, to spend for medical care costs all but a minimal amount of his income required for personal needs.
- (v) Emergency services if the services meet the requirements in 42 CFR 447.53(b)(4).
- (vi) Family planning services and supplies furnished to individuals of childbearing age.
- (vii) Services furnished to an individual receiving hospice care, as defined in section 1905(o) of the Act.
- (viii) Services provided by a health maintenance organization (HMO) to enrolled individuals.

  X   Not applicable. No such charges are imposed.

TN No. 92-01  
Supersedes  
TN No. 86-19

Approval Date 10-21-92 Effective Date 1/1/92

HCFA ID: 7982E

Revision: HCFA-M-1- (BPD)  
AUGUST 1991

OMB No.: 0938-

State/Territory: North Carolina

Citation 4.18(c)(3) Unless a waiver under 42 CFR 431-5(g) applies, nominal deductible, coinsurance copayment, or similar charges are imposed on services that are not excluded from such charges under item (b)(2) above.

X Not applicable. No such charges are imposed.

(i) For any service, no more than one type of charge is imposed.

(ii) Charges apply to services furnished to the following age group:

     18 or older

     19 or older

     20 or older

     21 or older

Reasonable categories of individuals who are 18 years of age, but under 21, to whom charges apply are listed below, if applicable.

All individuals 18 yr or older for all covered services other than those related to pregnancy or EPSM SNF, IM, ICF-M, mental hospital patients, and hospital emergency rooms.

TN No. 92-01  
Supersedes  
TN No. 86-19

Approval Date 10-21-92

Effective Date 1/1/92

HCFA ID: 7982E

Revision: HCFA-PM-91- 4 (BPD)  
AUGUST 1991

OMB No. 0938-

State/Territory: North Carolina

Citation 4.18(c)(3) (Continued)

- 447.51 through (iii) For the medically needy, and other optional groups, ATTACHMENT 4.18-C specifies the:
- 447.58 (A) Service(s) for which charge(s) is applied;
- (B) Nature of the charge imposed on each service;
- (C) Amount(s) of and basis for determining the charge(s);
- (D) Method used to collect the charge(s);
- (E) Basis for determining whether an Individual is unable to pay the charge(s) and the means by which such an individual is identified to providers;
- (F) Procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53(b); and
- (G) Cumulative maximum that applies to all deductible, coinsurance or copayment charges imposed on a family during a specified time period.
- X Not applicable. There is no maximum.

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TN No. 92.01

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Approval Date 10-21-92

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TN No. 86-19

HCFA ID: 7982E

Revision: HCFA-PM-91-4 (BPD)  
AUGUST 1991

014B No. 0938-

State/Territory: North Carolina

Citation 4.19 Payment for Services

42 CFR 447.252 (a) The Medicaid agency meets the  
1902(a)(13) requirements of 42 CFR Part 447, Subpart  
and 1923 of C, and sections 1902(a)(13) and 1923 of  
the Act 1902 the Act with respect to payment for  
(e)(7) of the Act inpatient hospital services.

ATTACHMENT 4-19-A describes the methods and standards used to determine rates for payment for inpatient hospital services.

X Inappropriate level of care days are covered and are paid under the State plan at lower rates than other inpatient hospital services, reflecting the level of care actually received, in a manner consistent with section 1861(v)(1)(G) of the Act.

       Inappropriate level of care days are not covered.

TN No. 92-01  
Supersedes  
TN No. 87-5

Approval Date 10-21-92

Effective Date 1/1/92

HCFA ID: 7982E

Revision: HCFA-PM-93-6  
August 1993

(MB)

OMB No.: 0938

State/Territory: North Carolina

Citation  
42 CFR 447.201  
42 CFR 447.302  
52 FR 28648  
1902(a)(13)(E)  
1903(a)(1) and  
(n), 1920, and  
1926 of the Act

4.19 (b)

In addition to the services specified in paragraphs 4.19(a), (d), (k), (l), and (m), the Medicaid agency meets the following requirements:

- (1) Section 1902(a)(13)(E) of the Act regarding payment for services furnished by Federally qualified health centers (FQHCs) under section 1905(a)(2)(C) of the Act. The agency meets the requirements of section 6303 of the State Medicaid Manual (HCFA-Pub. 45-6) regarding, payment for FQHC services. ATTACHMENT 4.19-B describes the method of payment and how the agency determines the reasonable costs of the services (for example, cost-reports, cost or budget reviews, or sample surveys).
- (2) Sections 1902 (a) (13) (E) and 1926 of the Act, and 42 CFR Part 447, Subpart 0, with respect to payment for all other types of ambulatory services provided by rural health clinics under the plan.

ATTACHMENT 4.19-B describes the methods and standards used for the payment of each of these services except for inpatient hospital, nursing facility services and services in intermediate care facilities for the mentally retarded that are described in other attachments.

1902(a)(10) and  
1902(a)(30) of  
Act

SUPPLEMENT 1 to ATTACHMENT 4.19-B describes general methods and standards used for the establishing payment for Medicare Part A and B deductible/coinsurance.

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No. 93-20

Supersedes

Approval Date NOV 5, 1993Effective Date 7-1-93TN No. 92-01

Revision: HCFA-AT-80-38(BPP)  
May 22, 1980

State North Carolina

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Citation  
42 CFR 447.40  
AT-78-90

4.19-C

Payment is made to reserve a bed during a recipient's temporary absence from an inpatient facility.

- Yes. The State's policy is described in ATTACHMENT 4.19-C.
- No.

Revision: HCFA-PH-87-9 (BERC)  
AUGUST 1987

OMB No.: 0938-0193

State/Territory: North Carolina

Citation 4.19 (d)

42 CFR 447.252

47 FR 47964

48 FR 56046

42 CFR 447.280

47 FR 31518

52 FR 28141

x (1) The Medicaid agency meets the requirements of 42 CFR Part 447, Subpart C, with respect to payments for skilled nursing and intermediate care facility services.

ATTACHMENT 4.19-D describes the methods and standards used to determine rates for payment for skilled nursing and intermediate care faculty services.

(2) The Medicaid agency provides payment for routine skilled nursing facility services furnished by a swing-bed hospital.

\_\_\_ At the average rate per patient day paid to SNFs for routine services furnished during the previous calendar year.

X At a rate established by the State, which meets the requirements of 42 CFR Part 447, Subpart C, as applicable.

\_\_\_ Not applicable. The agency does not provide payment for SNF services to a swing-bed hospital.

(3) The Medicaid agency provides payment for routine intermediate care facility services furnished by a swing-bed hospital.

\_\_\_ At the average rate per patient day routine paid to ICFs, other than ICFs for the mentally retarded, for routine services furnished during the previous calendar year.

X At a rate established by the State, which meets the requirements of 42 CFR Part 447 Subpart C, as applicable.

\_\_\_ Not applicable. The agency does not provide payment for ICF services to a swing-bed hospital.

\_\_\_ (4) Section 4.19(d)(1) of this plan is not applicable with respect to intermediate care facility services: such services are not provided under this State plan.

TN No. 91-15

Supersedes

TN No. 87-12

Approval Date 9-24-91

Effective Date 7-1-91

HCFA 10: 1010P/0012P

Revision: HCFA-AT-80-38(BPP)  
May 22, 1980

State North Carolina

Citation 4.19(e) The Medicaid agency meets all  
42 CTR 447.45(c) requirements of 42 CFR 447.45 for  
AT-79-50 timely payment of claims.

ATTACHMENT 4.19-E specifies, for each  
type of service, the definition of a  
claim for purposes of meeting these  
requirements.

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TN 79-17  
Supersedes Approval Date 11/30/79 Effective Date 8/23/79  
TN # \_\_\_\_\_

Revision: HCFA-PM-87-4 (BERC)  
MARCH 1987

OMB No.: 0938-0193

State/Territory: North Carolina

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Citation  
42 CFR 447.15  
AT-78-90  
AT-80-34  
48 FR 5730

4.19 (f)

The Medicaid agency limits participation to providers who meet the requirements of 42 CFR 447.15

No provider participating under this plan may deny services to any individual eligible under the plan on account of the individual's inability to pay a cost sharing amount imposed by the plan in accordance with 42 CFR 431.55(g) and 447.53. This service guarantee does not apply to an individual who is able to pay, nor does an individual's inability to pay eliminate his or her liability for the cost sharing change.

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TN No. 87-5  
Supersedes  
TN No. 83-07

Approval Date Jul 23 1987

Effective Date 4/1/87

HCFA ID: 1010P/0012P

Revision: HCFA-AT-80-38 (BPP)  
May 22, 1980

State North Carolina

Citation	4.19(g)	The Medicaid agency assures
42 CER 447.201		appropriate audit of records when
42 CFR 447.202		payment is based on costs of
AT-78-90		services or on a fee plus cost of
		materials.

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TN # <u>79-12</u>	Approval Date <u>7/31/79</u>	Effective Date <u>8/6/79</u>
Supersedes		
TN # _____		

Revision: HCFA-AT-80-60 (BPP)  
August 12, 1980

State North Carolina

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Citation	4.19 (h)	The Medicaid agency meets the
42 CER 447.201		requirements of 42 CFR 447.203 for
42 CFR 447.203		documentation and availability of.
AT-78-90		payment rates

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TN #79-12

Supersedes

TN # \_\_\_\_\_

Approval Date 7/31/79

Effective Date 8/6/79

Revision: HCFA-AT-80-38 (BPP)  
May 22, 1980

State North Carolina

Citation	4.19(i)	The Medicaid agency's payments are sufficient to enlist enough providers so that services under the plan are available to recipients at least to the extent that those services are available to the general population.
42 CFR 447.201		
42 CFR 447.204		
AT-78-90		

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Supersedes				
TN # _____				

Revision: HCFA-PM-91-4 (BPD)  
AUGUST 1991

OMB No.: 0938-

State: North Carolina

Citation

42 CFR 447.201 and 447.205	4.19(j)	The Medicaid agency meets the requirements of 42 CFR 447.205 for public notice of any changes in Statewide method or standards for setting payment rates.
1903(v) of the Act	(k)	The Medicaid agency meets the requirements of section 1903(v) of the Act with respect to payment for medical assistance furnished to an alien who is not lawfully admitted for permanent residence or otherwise permanently residing in the United States under color of law. Payment is made only for care and services that are necessary for the treatment of an emergency medical condition, as defined in section 1903(v) of the Act.

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TN No. 92-01  
Supersedes  
TH No. 87-12

Approval Date 10-21-92

Effective Date 1/1/92

HCFA ID: 7982E

Revision: HCFA-PM-94-8  
OCTOBER 1994

State/Territory; NORTH CAROLINA

Citation

SOCIAL SECURITY ACT 1915 (a)

4.19 (m) Medicaid Reimbursement for Administration of Vaccines under the Pediatric Immunization Program

1928(c)(2)  
(C)(ii) of  
the Act

(i) A provider may impose a charge for the administration of a qualified pediatric vaccine as stated in 1928(c)(2)(C)(ii) of the Act. within this overall provision, Medicaid, reimbursement to providers will be, administered as follows.

(ii) The State:

x sets a payment rate at the level of the regional maximum established by the DHHS Secretary.

     is a Universal Purchase State and sets a payment rate at the level of the regional maximum established in accordance with state law.

     sets a payment rate below the level of the regional maximum established by the DHHS Secretary.

     is a Universal Purchase State and sets a payment rate below the level of the region" maximum established by the Universal Purchase State.

The state pays the following rate for the administration of a vaccine:

1926 of (iii) Medicaid beneficiary access to immunizations the Act is assured through the following methodology:

Other

TN No. 11-021  
Supersedes  
TN No. 94-35

Approval Date: 12-21-11 Effective Date 07/12/2011

Revision: HCFA-AT-80-38 (BPP)  
May 22, 1980

State North Carolina

Citation  
42 CFR 447.25(b)  
AT-78-90

4.20 Direct Payments to Certain Recipients  
for Physicians' or Dentists' Services

Direct payments are made to certain recipients as specified by, and in accordance with, the requirements of 42 CFR 447.25.

Yes, for  physicians' services  
 dentists' services

ATTACHMENT 4.20-A specifies the conditions under which such payments are made.

Not applicable. No direct payments are made to recipients.

TN #79-21  
Supersedes  
TN # \_\_\_\_\_

Approval Date 11/19/79

Effective Date 10/1/79

Revision: HCFA-AT-81-34 (BPP)

10-81

State North Carolina

Citation 4.21 Prohibition Against Reassignment of  
Provider Claims

42 CFR 447.10(c)  
AT-78-90  
46 FR 42699

Payment for Medicaid services  
furnished by any provider under this plan is  
made only in accordance with the requirements  
of 42 CFR 447.10.

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TN # \_\_\_\_\_  
Supersedes Approval Date \_\_\_\_\_ Effective Date \_\_\_\_\_  
TN # \_\_\_\_\_

SENT BY OPC-11 # 81-13 DATED 12-30-81

R. 0. ACTION DATE 1-8-82 EFF. DATE 1-1-82

OBSOLETE BY \_\_\_\_\_ DATED \_\_\_\_\_

Revision: HCFA-PM-94-1 (MB)  
FEBRUARY 1994

State/Territory: North Carolina

Citation 4.22 Third Party Liability

- 42 CFR 433.137 (a) The Medicaid agency meets all requirements of:
- (1) 42 CFR 433.138 and 433.139.
  - (2) 42 CFR 433.145 through 433.148.
  - (3) 42 CFR 433.151 through 433-154.
  - (4) Sections 1902(a)(25)(H) and (1) of the Act.
- 1902(a)(25)(H) and (I) Act.
- 42 CFR 433.138(f) (b) ATTACHMENT 4.22-A -
- (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(e) are conducted;
  - (2) Describes the methods the agency uses for meeting the follow-up requirements contained in §433. 138 (g)(1)(i) and (g)(2)(i);
  - (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 follow up that identifies legally liable third party resources; and
  - (4) Describes the methods the agency uses for following up on paid claims identified under §433.138(e) (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 follow up that identifies legally liable third party resources.
- 42 CFR 433.138(g)(1)(ii) and (2)(ii)
- 42 CFR 433.138(g)(3)(i) and (UL)
- 42 CFR 433.138(g)(4)(i) through (iii)

TN No. 94-11  
Supersedes  
TN No. 90-07

Approval Date 8-15-94

Effective Date 4/1/94

Revision: HCFA-PM-94-1 (MB)  
FEBRUARY 1994

State/Territory: North Carolina

Citation

- 42 CFR 433.139(b)(3) \_\_\_\_\_ (c) Providers are required to bill  
(ii) (A) 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:
- 42 CFR 433.139(b)(3)(ii)(C) (1) The method used in  
determining a provider's  
compliance with the third party  
billing requirements at  
§433.139(b)(3)(ii)(C).
- 42 CFR 433.139(f)(2) (2) The threshold amount or other  
guideline used in determining  
whether to seek recovery of  
reimbursement from liable third  
party, or the process by which the  
agency determines that seeking  
recovery of reimbursement would  
not be cost effective.
- 42 CFR 433.139(f)(3) (3) The dollar amount or time  
period the State uses to  
accumulate billings from a  
particular liable third party in  
making this decision to seek  
recovery of reimbursement.
- 42 CFR 447.20 (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.

TN No. 94-11  
Supersedes  
TN No. 90-07

Approval Date 8-15-94

Effective Date 4/1/94

Revision: HCFA-PM-94-1 (MB)  
FEBRUARY 1994

State/Territory: North Carolina

Citation

4.22 (continued):

42 CFR 433.151(a) (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 the following:(Check as appropriate.)

\_\_\_ State title IV-D agency. The requirements of 42 CFR 433.152 (b) are met.

\_\_\_ Other appropriate State agency(s)--  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_ Other appropriate agency(s) of another State--  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_ Courts and law enforcement officials.

1902(a)(60) of the Act (g) The Medicaid agency assures that the State has in effect the laws relating to medical child support under section 1908 of the Act.

1906 of the Act (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.

\_\_\_ The Secretary's method as provided in the State Medicaid Manual, Section 3910.

\_\_\_ The State provides methods for Determining cost effectiveness on ATTACHMENT 4.22-C.

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