

9500.1130 PAYMENT PROCEDURES.

Subpart 1. **Submittal of claims.** Claims may not be submitted to the department until after a patient is discharged or 30 days after admission and every subsequent 30 days, whichever occurs first. A hospital that submits a claim to the department after 30 days from admission, but before discharge, shall submit a final claim after discharge.

Subp. 1a. **Payor of last resort.** A hospital may not submit a claim to the department until a final determination of the patient's eligibility for potential third party payment has been made by a hospital. Any and all available third-party benefits must be exhausted prior to billing medical assistance and the third-party liability amounts must be entered on the claim.

Subp. 1b. **Third-party liability.** Payment for patients that are simultaneously covered by medical assistance and a third party will be determined according to a hierarchy of application as set out in items A to E.

A. Medical assistance payment for a Medicare crossover will be determined by subtracting the third-party liability from the Medicare deductible and coinsurance due from the patient. A negative difference will not be implemented.

B. Medical assistance payment for a Medicare crossover whose Medicare benefits either exhaust or begin during an admission will be determined by subtracting the Medicare payment and third-party liability from the medical assistance rate. A negative difference will not be implemented.

C. Medical assistance payment will not be made for an admission when either charges are paid by a third party or the hospital has an agreement to accept payment for less than charges as payment in full.

D. Medical assistance payment for an admission under item C that requires a deductible or coinsurance will be made at a level equal to the deductible or coinsurance due from the patient.

E. Medical assistance payment for a patient with any third-party benefits will be determined as the lesser of the covered charges minus the third-party liability, or the medical assistance rate minus the third-party liability. A negative difference will not be implemented.

Subp. 1c. **Reduction of recipient resources.** Recipient resources will also be reduced from the amounts in subpart 1b.

Subp. 2. [Repealed, 18 SR 1115]

Subp. 3. [Repealed, 18 SR 1115]

Subp. 4. [Repealed, 18 SR 1115]

Subp. 5. [Repealed, 18 SR 1115]

Subp. 6. [Repealed, 18 SR 1115]

Subp. 7. [Repealed, 18 SR 1115]

Subp. 8. [Repealed, 18 SR 1115]

Subp. 9. [Repealed, 18 SR 1115]

Subp. 10. [Repealed, 18 SR 1115]

Subp. 11. [Repealed, 18 SR 1115]

Subp. 12. [Repealed, 18 SR 1115]

Statutory Authority: *MS s 256.9685; 256.969; 256.9695*

History: *10 SR 227; 10 SR 867; 11 SR 1688; 13 SR 1689; 18 SR 1115*

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