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State/Territory Name: VA

State Plan Amendment (SPA) #: 25-0013

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) 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

October 31, 2025

Cheryl J. Roberts, Director
Department of Medical Assistance Services
600 East Broad Street, Suite 1300
Richmond, VA 23219

Re: Virginia State Plan Amendment (SPA) - 25-0013

Dear Director Roberts:

The Centers for Medicare & Medicaid Services (CMS) has reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0013. This SPA provides assurance that the state has rules in place that bar liable third-party payers from refusing payment for an item or service solely on the basis that such item or service did not receive prior authorization under the third-party payer's rules. Additionally, the SPA provides clarity relating to lien amounts arising from the Medicaid program and asserted against personal injury claims proceeds.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and the Consolidated Appropriations Act, 2025. This letter informs you that Virginia's Medicaid SPA TN 25-0013 was approved on October 31, 2025, effective July 1, 2025.

Enclosed are copies of Form CMS-179 and the approved SPA Pages to be incorporated into the Virginia State Plan.

If you have any questions, please contact Margaret Kosherzenko at (215) 861-4288 or via email at Margaret.Kosherzenko@cms.hhs.gov.

Sincerely,

**Mandy L.
Strom -S**

Mandy L. Strom
On Behalf of Courtney Miller, MCOG Director

Digitally signed by Mandy
L. Strom -S
Date: 2025.10.31 10:53:24
-06'00'

Enclosures

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

1. TRANSMITTAL NUMBER

2 5 — 0 0 1 3

2. STATE

V A3. 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

7/1/2025

5. FEDERAL STATUTE/REGULATION CITATION

The Consolidated Appropriations Act, 2025 (CAA, 2025; P.L. 119-4)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2025 \$ 0b. FFY 2026 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Preprint, revised page 69a, and Attachment 4.17-A, revised page 1
and new pages 2 & 38. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable)Preprint page 69a & Attachment 4.17-A page 1

9. SUBJECT OF AMENDMENT

Third Party Liability

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:

Secretary of Health and Human Resources

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME
Cheryl J. Roberts13. TITLE
Agency Director14. DATE SUBMITTED
June 27, 2025

15. RETURN TO

Department of Medical Assistance Services
600 East Broad Street, #1300
Richmond VA 23219

Attn: Regulatory Coordinator

FOR CMS USE ONLY16. DATE RECEIVED
08/12/202517. DATE APPROVED
10/31/2025**PLAN APPROVED - ONE COPY ATTACHED**18. EFFECTIVE DATE OF APPROVED MATERIAL
07/01/2025

19. SIGNATURE OF APPROVING OFFICIAL

Mandy L. Strom -SDigitally signed by Mandy L. Strom -S
Date: 2025.10.31 10:54:51 -06'00'20. TYPED NAME OF APPROVING OFFICIAL
Mandy L. Strom21. TITLE OF APPROVING OFFICIAL
On Behalf of Courtney Miller, MCOG Director

22. REMARKS

Revision: HCFA-PM-94-1
February, 1994

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

Citation

- | | |
|----------------------------------|--|
| 42 CFR 433.139
(b)(3)(ii) (A) | <input checked="" type="checkbox"/> (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: |
| 42 CFR 433.139
(b)(3)(ii)(C) | () 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 or reimbursement from a 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 the decision to seek recovery of reimbursement. |
| 1902(a)(25) of
the Act | (4) The Medicaid agency assures that the state has in effect the laws that require third parties to comply with the provisions, including those which require third parties to provide the state with coverage, eligibility, and claims data, under section 1902(a)(25) of the social security act, and specifies the compliance with 1902(a)(25)(E) and 1902fa)(25)(F). |
| 1902(a)(25)(I) of
the Act | (5) The Medicaid agency ensures that laws are in effect that bar liable third-party payers from refusing payment for an item or service solely on the basis that such item or service did not receive prior authorization under the third-party payer's rules. These laws comply with the provisions of the Consolidated Appropriations Act, 2025 (P.L. 119-4). |
| 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. |

LIEN
RECOVERIES

1. To obtain information about a Medicaid member's enrollment status or an itemization of lien against a personal injury claim, the member or their authorized representative shall furnish DMAS or its designated representative with any information that DMAS or its designated representative shall request. DMAS or its designated representative shall determine the form of communication by which it will receive information. The following information is required to be furnished to DMAS or its designated representative:

- a. A letter of representation signed by the Medicaid member or their authorized representative and dated within the last twelve months (if the request is made by a representative).
- b. A HIPAA-compliant release form signed by the Member and dated within the last twelve months that authorizes both DMAS and the Office of the Attorney General (OAG) to disclose medical information to the member or their authorized representative and to any other third parties or contractors that are or will be involved with the lien.
- c. The full legal name of the Medicaid member.
- d. The full social security number of the Medicaid member.
- e. A copy of the front and back of the Medicaid member's health insurance card(s).
- f. A description of the member's injuries sustained as a result of the accident.
- g. An itemized statement of the Medicaid member's medical damages including providers and dates of service, along with copies of medical bills.
- h. The date and location of the accident, the identities of all parties involved in the accident, and a copy of the police report (if available).
- i. The full name, mailing address, telephone number, and email address of the authorized representative named in the HIPAA release to whom DMAS should direct communications about the Medicaid lien.
- j. If any of the required information changes after the date the information is submitted to DMAS, the member or their authorized representative shall notify DMAS of the change as soon as the new information is made available to the member or their authorized representative.

2. To make a request for a reduction of any portion of a Medicaid lien, the member or their authorized representative shall furnish DMAS or its designated representative with any information that DMAS or its designated representative shall request. . DMAS or its designated representative shall determine the form of communication by which it will receive information. The following information is required to be furnished to DMAS or its designated representative:

- a. The member's prognosis and anticipated future treatment expenses.
- b. If the member is permanently disabled as a result of the accident, the disability rating.
- c. The member's current income, financial resources, and employment status.
- d. The amount of all other liens or claims against the members personal injury claim.
- e. Whether any liability insurance policies are available, and if so, the amount paid by each, and the policyholder's name for each.
- f. If any settlements have occurred related to the accident, including the amount of the settlement, the terms, and a copy of the signed settlement agreement.
- g. If any lawsuits have been filed related to the accident, the jurisdiction and case number, a copy of the Complaint and any other filings.
- h. The amount of all medical reimbursement payments coverage related to the accident, such as Medical Payments Insurance, also known as "medpay."
- i. An itemized statement of all attorney's fees and costs and any voluntary reductions.
- j. A written explanation of why the request is being made, along with details about the compromise or waiver that is being requested and any other facts or documentation that are being relied upon to support the request.
- k. If any of the required information changes after the date the information is submitted to DMAS, the member or their authorized representative shall notify DMAS of the change as soon as the new information is made available to the member or their authorized representative.

3. To make a request to remove charges contained in DMAS's itemization of lien that are believed to be unrelated to the personal injury claim of the member, the member or their authorized representative shall furnish DMAS or its designated representative with any information that DMAS or its designated representative shall request. DMAS or its designated representative shall determine the form of communication by which it will receive information. The following information is required to be furnished to DMAS or its designated representative:

- a. A written statement detailing the specific charge(s) that the member or its authorized representative believes is unrelated to the personal injury claim.
- b. Any and all documentation from the member or its authorized representative to any third party detailing claimed medical damages, itemized medical bills, or other related information, including, but not limited to, demand package(s), list of medical specials, correspondence concerning medical damages, etc.
- c. Any and all documentation showing where the member or its authorized representative informed any third party that certain charges were unrelated.

4. To initiate and execute the lien process:

- a. DMAS is lawfully required to seek reimbursement from a responsible third party to recover medical costs paid on behalf of a Medicaid Member, due to injury. Ensuring that the responsible third party assumes liability and pays for the medical expenses, aims to protect state/federal funds, without impacting taxpayer dollars. The lien process is utilized when the injured individual is a current Medicaid Member; when the injury is due to the negligence of another party; and when the Medicaid Member seeks recompense/damages from the at-fault/third party.
- b. An injured Member, through their own power or via a legal representative, is legally obligated to inform DMAS of a personal injury claim filing. DMAS then pursues a lien against any prospective award, and that award represents the actual healthcare expenses that DMAS covered for the injury.
- c. Following the medical claim processing, the injured Member or their legal representative can seek a lien payoff from DMAS. To expedite the lien process, within 60 days of the injured Member's initial request, DMAS must provide an itemized expense listing and a final demand for payment.

TN No. 25-0013

Approval Date 10/31/25

Effective Date 07-01-25

Supersedes

TN No. New

HCFA ID: 7983E