

By: Senator(s) Nunnelee

To: Public Health and Welfare

COMMITTEE SUBSTITUTE  
FOR  
SENATE BILL NO. 2662

1 AN ACT TO CODIFY SECTION 43-13-126, MISSISSIPPI CODE OF 1972,  
2 TO REQUIRE INSURERS TO PROVIDE THE DIVISION OF MEDICAID WITH  
3 COVERAGE OF ELIGIBILITY AND CLAIMS DATA; AND FOR RELATED PURPOSES.

4 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MISSISSIPPI:

5 **SECTION 1.** The following shall be codified as Section  
6 43-13-126, Mississippi Code of 1972:

7 43-13-126. As a condition of doing business in the state,  
8 health insurers, including self-insured plans, group health plans  
9 (as defined in Section 607(1) of the Employee Retirement Income  
10 Security Act of 1974), service benefit plans, managed care  
11 organizations, pharmacy benefit managers, or other parties that  
12 are by statute, contract or agreement legally responsible for  
13 payment of a claim for a health care item or service, are required  
14 to:

15 (a) Provide, with respect to individuals who are  
16 eligible for, or are provided, medical assistance under the state  
17 plan, upon the request of the Division of Medicaid, information to  
18 determine during what period the individual or their spouses or  
19 their dependents may be (or may have been) covered by a health  
20 insurer and the nature of the coverage that is or was provided by  
21 the health insurer (including the name, address and identifying  
22 number of the plan) in a manner prescribed by the Secretary of the  
23 Department of Health and Human Services;

24 (b) Accept the Division of Medicaid's right of recovery  
25 and the assignment to the division of any right of an individual  
26 or other entity to payment from the party for an item or service  
27 for which payment has been made under the state plan;

28           (c) Respond to any inquiry by the Division of Medicaid  
29 regarding a claim for payment for any health care item or service  
30 that is submitted not later than three (3) years after the date of  
31 the provision of such health care item or service; and

32           (d) Agree not to deny a claim submitted by the Division  
33 of Medicaid solely on the basis of the date of submission of the  
34 claim, the type or format of the claim form, or a failure to  
35 present proper documentation at the point-of-sale that is the  
36 basis of the claim, if:

37                 (i) The claim is submitted by the division within  
38 the three-year period beginning on the date on which the item or  
39 service was furnished; and

40                 (ii) Any action by the division to enforce its  
41 rights with respect to such claim is commenced within six (6)  
42 years of the division's submission of such claim.

43           **SECTION 2.** This act shall take effect and be in force from  
44 and after July 1, 2006, and shall stand repealed on June 30, 2006.