

By: Senator(s) Nunnelee

To: Public Health and Welfare

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.