

Substitute for SENATE BILL No. 323

By Committee on Health Care Strategies

2-21

10 AN ACT related to the Kansas health policy authority; *[medicaid]* re-
11 covery and reimbursement from third parties ~~on medicaid~~.

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13 *Be it enacted by the Legislature of the State of Kansas:*

14 Section 1. (a) All third parties, including health insurers, self-insured
15 plans, group health plans (as defined in section 607(1) of the employee
16 retirement income security act of 1974), service benefit plans, managed
17 care organizations, pharmacy benefit managers or other parties that are,
18 by statute, contract or agreement, legally responsible for payment of a
19 claim for a health care item or service to pay for care and services available
20 under the plan, shall not, in enrolling an individual or in making any
21 payments for benefits to the individual or on the individual's behalf, take
22 into account that the individual is eligible for or is provided medical as-
23 sistance under the Kansas state plan under title XIX of the social security
24 act, commonly known as medicaid or medical assistance, administered by
25 the Kansas health policy authority, or under any such plan of any other
26 state.

27 (b) All third parties described in subsection (a), shall provide, with
28 respect to individuals who are eligible for, or are provided, medical as-
29 sistance under such state plan, upon the request of the authority, infor-
30 mation to determine during what period individuals or their spouses or
31 their dependents may be (or may have been) covered by a health insurer
32 and the nature of the coverage that is or was provided by the health
33 insurer (including the name, address and identifying number of the plan)
34 in a manner prescribed by the United States secretary of health and hu-
35 man services.

36 (c) All third parties described in subsection (a) shall: (1) Accept the
37 authority's right of recovery and the assignment to the authority of any
38 right of an individual or other entity to payment from the party for an
39 item or service for which payment has been made under the state plan;
40 (2) respond to any inquiry by the authority or its designee regarding a
41 claim for payment for any health care item or service that is submitted
42 not later than three years after the date of the provision of such health
43 care item or service; and (3) agree not to deny a claim submitted by the

1 authority solely on the basis of the date of submission of the claim, the
2 type or format of the claim form or a failure to present proper documen-
3 tation at the point-of-sale that is the basis of the claim, if: (A) The claim
4 is submitted by the authority within the three-year period beginning on
5 the date on which the item or service was furnished; and (B) any action
6 by the authority to enforce its rights with respect to such claim is com-
7 menced within six years of the authority's submission of such claim.

8 ***[(d) As used in this section, "Kansas health policy authority" or***
9 ***"authority" means the Kansas health policy authority established***
10 ***by K.S.A. 2006 Supp. 75-7401, and amendments thereto.]***

11 Sec. 2. This act shall take effect and be in force from and after its
12 publication in the statute book.