Honolulu, Hawaii FFB 18 2009

RE: S.B. No. 917 S.D. 1

Honorable Colleen Hanabusa President of the Senate Twenty-Fifth State Legislature Regular Session of 2009 State of Hawaii

#### Madam:

Your Committees on Human Services and Health, to which was referred S.B. No. 917 entitled:

"A BILL FOR AN ACT RELATING TO THIRD PARTY LIABILITY FOR MEDICAID,"

beg leave to report as follows:

The purpose of this measure is to ensure state compliance with section 6035 of the Deficit Reduction Act of 2005 (P.L. 109-171), by strengthening the State's ability to identify and obtain payments from third party payers that are legally responsible to pay for health care services received by Medicaid recipients to pay primary to Medicaid.

Testimony in support of this measure was received by the Department of Human Services. The Hawaii Association for Justice submitted testimony in opposition to the measure. Copies of written testimony are available for review on the Legislature's website.

Your Committees find that Medicaid is designed to be a payer of last resort. However, statutory loopholes allow some third party payers to avoid paying primary to Medicaid. This measure is designed to enhance the Department of Human Services' ability to identify third party payers that are legally responsible to pay for health care services received by Medicaid recipients and obtain payments from such third party payers when appropriate. In so doing, the measure will reduce unnecessary expenditures of state and federal Medicaid funds.

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Your Committees have amended this measure as follows:

- (1) Replacing the definition of "third party" with a definition for "first party" in order to substitute the correct term of art, thus clarifying the intent of the measure and avoiding unintended ambiguity; and
- (2) Making technical, nonsubstantive amendments for purposes of clarity, consistency, and style.

As affirmed by the records of votes of the members of your Committees on Human Services and Health that are attached to this report, your Committees are in accord with the intent and purpose of S.B. No. 917, as amended herein, and recommend that it pass Second Reading in the form attached hereto as S.B. No. 917, S.D. 1, and be referred to the Committee on Commerce and Consumer Protection.

Respectfully submitted on behalf of the members of the Committees on Human Services and Health,

DAVID Y. IGE. Chair

STANNE CHUN OAKLAND, Chair

# The Senate Twenty-Fifth Legislature State of Hawaii

# Record of Votes Committee on Human Services HMS

Bill / Resolution No.:* 5B 917					
The committee is reconsidering its previous decision on this measure.  If so, then the previous decision was to:					
The Recommendation is:					
Pass, unamended Pass, with amendments Hold Recommit 2312 2311 2310 2313					
Members		Aye	Aye (WR)	Nay	Excused
CHUN OAKLAND, Suzanne (C	>)	V			
IHARA, Jr., Les (VC)		V			
GREEN, M.D., Josh			Simmed Section 2011	· · · · · · · · · · · · · · · · · · ·	
HEMMINGS, Fred		V			
TOTAL		3	0	0	
Recommendation:	Adopted		N	lot Adopted	
Chair's or Designee's Signature:					
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\*Only one measure per Record of Votes

# The Senate Twenty-Fifth Legislature State of Hawaii

# Record of Votes Committee on Health HTH

Bill / Resolution No.:* 5 B 9 17	Committee	Referral: TH, C	P N Da	te:	009
The committee is reconsidering its previous decision on this measure.					
If so, then the previous decision was to:					
The Recommendation is:	The Recommendation is:				
Pass, unamended 2312					
Members		Aye	Aye (WR)	Nay	Excused
IGE, David Y. (C)			,	·	
GREEN, M.D., Josh (VC)					
BAKER, Rosalyn H.					
ESPERO, Will					
NISHIHARA, Clarence K.			The state of the s		<b>/</b>
HEMMINGS, Fred		<b>V</b>			
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TOTAL		4			7
Recommendation:	Adopted			lot Adopted	
Chair's or Designee's Signature:					
Distribution: Original Yellow Pink Goldenrod File with Committee Report Clerk's Office Drafting Agency Committee File Copy					

### Report Title:

Third Party Liability for Medicaid

# Description:

Ensures state compliance with the Deficit Reduction Act of 2005 (P.L. 109-171) by strengthening the State's ability to identify and obtain payments from first or third party payers that are legally responsible to pay for health care services received by medicaid recipients primary to medicaid. (SD1)

# A BILL FOR AN ACT

RELATING TO THIRD PARTY LIABILITY FOR MEDICAID.

## BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

1	SECTION 1. When Congress passed the Deficit Reduction Act				
2	of 2005, P.L. 109-171, it made a number of amendments to section				
3	1902 of the Social Security Act intended to strengthen states'				
4	ability to identify and collect from liable third party payers.				
5	The purpose of this Act is to make necessary amendments to				
6	state laws to comply with the federal amendments.				
7	SECTION 2. Chapter 431L, Hawaii Revised Statutes, is				
8	amended by adding a new section to be appropriately designated				
9	and to read as follows:				
10	"§431L- Insurer requirements. Any health insurer as				
11	identified in section 431L-1 shall:				
12	(1) Provide, with respect to individuals who are eligible				
13	for, or are provided, medical assistance under title				
14	42 U.S.C. section 1396a (section 1902 of the Social				
15	Security Act), as amended, upon the request of the				
16	State, information to determine during what period the				
17	individual or the individual's spouse or dependents				

<sup>\*</sup>SB917 SD1.DOC\*

1		may be or may have been covered by a health insurer
2		and the nature of the coverage that is or was provided
3		by the health insurer, including the name, address,
4		and identifying number of the plan in a manner
5		prescribed by the State;
6	(2)	Accept the State's right of recovery and the
7		assignment to the State of any right of an individual
8		or other entity to payment from the party for an item
9		or service for which payment has been made for medical
10		assistance under title 42 U.S.C. section 1396a
11		(Section 1902 of the Social Security Act);
12	(3)	Respond to any inquiry by the State regarding a claim
13		for payment for any health care item or service that
14		is submitted not later than three years after the date
15		of the provision of the health care item or service or
16		the date the State knew of the health care item or
17		service, whichever is longer; and
18	(4)	Agree not to deny a claim submitted by the State
19		solely on the basis of the date of submission of the
20		claim, the type or format of the claim form, or a
21		failure to present proper documentation at the point-
22		of-sale that is the basis of the claim, if:

SB917 SD1.DOC \*SB917 SD1.DOC\*

<sup>\*</sup>SB917 SD1.DOC\*

1	(A)	The claim is submitted by the State within the				
2		three-year period beginning on the date on which				
3		the item or service was furnished or the date the				
4		State knew of the health care item or service				
5		that was furnished, whichever is longer; and				
6	<u>(B)</u>	Any action by the State to enforce its rights				
7		with respect to the claim is commenced within six				
8		years of the State's submission of the claim."				
9	SECTION 3	. Section 346-1, Hawaii Revised Statutes, is				
10	amended by adding a new definition to be appropriately inserted					
11	and to read as follows:					
12	"First Party" includes health insurers, self-insured					
13	plans, group plans, service benefit plans, managed care					
14	organizations, health maintenance organizations, pharmacy					
15	benefit managers, or other parties that are by statute,					
16	contract, or agreement, legally responsible for payment of a					
17	claim for a health care item or service."					
18	SECTION 4. Section 431L-1, Hawaii Revised Statutes, is					
19	amended to read as follows:					
20	"[ <del>[</del> ]§431L	-1[+] Insurers prohibited from taking medicaid				
21	status into ac	count. Any health insurer (including a group				
22	health plan, a	s defined in section 607(1) of the Employee				
	SB917 SD1.DOC *SB917 SD1.DOC *SB917 SD1.DOC					

- 1 Retirement Income Security Act of 1974, a self-insured plan, a
- 2 health service benefit plan, a mutual benefit society, a
- 3 fraternal benefit society [and], a health maintenance
- 4 organization [+], a managed care organization, a pharmacy benefit
- 5 manager, or other party that is, by statute, contract, or
- 6 agreement, legally responsible for payment of a claim for a
- 7 health care item or service) is prohibited, in enrolling an
- 8 individual or in making any payments for benefits to the
- 9 individual or on the individual's behalf, from taking into
- 10 account that the individual is eligible for or is provided
- 11 medical assistance under 42 U.S.C. section 1396a (Section 1902
- 12 of the Social Security Act) herein referred to as medicaid, for
- 13 this State, or any other state."
- 14 SECTION 5. Section 431L-2, Hawaii Revised Statutes, is
- 15 amended to read as follows:
- "[+]\$431L-2[+] State's right to third party or first party
- 17 payments. To the extent that payment has been made under the
- 18 state plan for medical assistance in any case where a third
- 19 party or first party has a legal liability to make payment for
- 20 such assistance, the State has in effect laws under which, to
- 21 the extent that payment has been made under the state plan for
- 22 medical assistance for health care items or services furnished

SB917 SD1.DOC

<sup>\*</sup>SB917 SD1.DOC\*

<sup>\*</sup>SB917 SD1.DOC\*

- 1 to an individual, the State is considered to have acquired the
- 2 rights of such individual to payment by any other party for such
- 3 health care items or services."
- 4 SECTION 6. Statutory material to be repealed is bracketed
- 5 and stricken. New statutory material is underscored.
- 6 SECTION 7. This Act shall take effect upon its approval.



An Independent Licensee of the Blue Cross and Blue Shield Association

March 3, 2009

The Honorable Rosalyn Baker, Chair The Honorable David Ige, Vice Chair

Senate Committee on Commerce and Consumer Protection

Re: SB 917 SD1 – Relating to Third Party Liability for Medicaid

Dear Chair Baker, Vice Chair Ige and Members of the Committee:

The Hawaii Medical Service Association (HMSA) appreciates the opportunity to testify on SB 917 SD1. HMSA takes no position on the intent of this measure.

According to the justification sheet attached to this administrative bill, the purpose of SB 917 SD1 is to bring state statute in line with federal statutes relating to third party liability for Medicaid claims. The language in this measure actually goes beyond the timeframes for recovery outlined in federal statute. In order to bring state and federal statute completely in line we would respectively request the removal of the language on page 3, lines 3-5 which reads:

or the date the State knew of the health care item or service that was furnished, whichever is longer

The removal of this language would ensure that state and federal law are operating in concert. Thank you for the opportunity to testify today.

Sincerely,

Jennifer Diesman Assistant Vice President Government Relations