## A BILL FOR AN ACT

RELATING TO INSURER REQUIREMENTS.

## 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 the
- 3 Social Security Act intended to strengthen states' ability to
- 4 identify and collect from liable third party payors that are
- 5 legally responsible to pay claims primary to medicaid.
- 6 To ensure the State's compliance with the requirements of
- 7 P.L. 109-171, the legislature passed Senate Bill No. 917,
- 8 enacted as Act 103, Session Laws of Hawaii 2009, and codified in
- 9 chapter 431L, Hawaii Revised Statutes.
- 10 Federal and state statutes require that medicaid be the
- 11 payor of last resort for health insurance. To meet this
- 12 obligation, the department of human services, as the state
- 13 medicaid agency, requires information on medicaid recipients who
- 14 also have commercial health insurance.
- 15 Section 431L-2.5, Hawaii Revised Statutes, requires the
- 16 health care insurer to share information on an individual basis
- 17 at the State's request. This Act will require all commercial
- 18 health care insurers operating in Hawaii to also share with the



- 1 department of human services a listing of their members on a
- 2 quarterly basis. Quarterly reports will allow the department to
- 3 determine on a timely basis the eligibility of persons who apply
- 4 for medicaid and to determine the continuing eligibility for
- 5 persons receiving health care insurance through the medicaid
- 6 program.
- 7 Medicaid allows passive renewal and self-declaration to
- 8 facilitate eligibility, which makes it difficult for the
- 9 department to determine when a recipient's eligibility status
- 10 has changed because of employment, increased income, or being
- 11 provided health coverage under the prepaid health care act.
- 12 In the current economic climate of decreased state revenues
- 13 and the unfortunate necessity of reducing medical assistance
- 14 benefits, identifying areas to decrease expenditures with
- 15 minimal impact on the public becomes increasingly important.
- 16 The senate committee on ways and means stated in Standing
- 17 Committee Report No. 3033, Regular Session of 2010, that "the
- 18 State's economic difficulties threaten the provision of human
- 19 services under many state programs. Your Committee finds that,
- 20 despite budget cuts and realignments, it is important to
- 21 maintain the level of services that are provided to the neediest
- 22 populations in the State."

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1	The p	urpose of this Act is to require all commercial health	
2	care insur	ers operating in Hawaii to share with the department	
3	of human services, on a timely basis, a listing of their members		
4	for medicaid eligibility determination. This will improve		
5	medicaid program integrity and ensure that medicaid is the payor		
6	of last resort and that funding for the medicaid program is used		
7	to provide health insurance coverage to those who really need		
8	it.		
9	SECTI	ON 2. Section 431L-2.5, Hawaii Revised Statutes, is	
10	amended to read as follows:		
11	"[ <del>[</del> ]§	431L-2.5[+] Insurer requirements. Any health insurer	
12	as identif	ied in section 431L-1 shall:	
13	(1)	Provide, with respect to individuals who are eligible	
14		for, or are provided, medical assistance under Title	
15		42 United States Code section 1396a (section 1902 of	
16		the Social Security Act), as amended, upon the request	
17		of the State, information to determine during what	
18		period the individual or the individual's spouse or	
19		dependents may be or may have been covered by a health	
20		insurer and the nature of the coverage that is or was	
21		provided by the health insurer, including the name,	

1		address, and identifying number of the plan in a
2		manner prescribed by the State;
3	(2)	Provide to the State a quarterly report listing its
4		members for a cross-reference check of prospective and
5		current medicaid beneficiaries. To ensure the
6		validity of beneficiary matches, the minimum data
7		required to be included in each report may include
8		first and last name, date of birth, and social
9		security number. The data fields and electronic
10		format of the member listing shall be determined by
11		the department of human services;
12	[ <del>(2)</del> ]	(3) Accept the State's right of recovery and the
13		assignment to the State of any right of an individual
14		or other entity to payment from the party for a health
15		care item or service for which payment has been made
16		for medical assistance under Title 42 United States
17		Code section 1396a (section 1902 of the Social
18		Security Act);
19	[ <del>(3)</del> ]	(4) Respond to any inquiry by the State regarding a
20		claim for payment for any health care item or service
21		that is submitted not later than three years after the

1		date of the provision of the health care item or
2		service; and
3	[ <del>(4)</del> ]	(5) Agree not to deny a claim submitted by the State
4		solely on the basis of the date of submission of the
5		claim, the type or format of the claim form, or a
6		failure to present proper documentation at the point-
7		of-sale that is the basis of the claim, if:
8		(A) The claim is submitted by the State within the
9		three-year period beginning on the date on which
10		the health care item or service was furnished;
11		and
12		(B) Any action by the State to enforce its rights
13		with respect to the claim is commenced within six
14		years of the State's submission of the claim."
15	SECT:	ION 3. Statutory material to be repealed is bracketed
16	and stric	ken. New statutory material is underscored.
17	SECT	ION 4. This Act shall take effect on July 1, 2012.

## Report Title:

Insurer Requirements

## Description:

Requires all commercial health care insurers operating in Hawaii to share with the department of human services, a listing of their members for medicaid eligibility determination. (SD1)

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