HLS 14RS-1427 REENGROSSED

Regular Session, 2014

HOUSE BILL NO. 814

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BY REPRESENTATIVE JAMES

MEDICAID: Extends right of Medicaid recovery in cases of third party liability for injury, illness, or death to Medicaid managed care organizations that provide covered services to Medicaid enrollees

AN ACT

2 To amend and reenact R.S. 46:446, relative to recovery of medical assistance payments 3 made by medical assistance programs; to provide for definitions; to confer upon 4 Medicaid managed care organizations certain rights of recovery; to provide relative 5 to notice, pleadings, compromise, and prescription in cases of third party liability for 6 injury, illness, or death; and to provide for related matters. 7 Be it enacted by the Legislature of Louisiana: 8 Section 1. R.S. 46:446 is hereby amended and reenacted to read as follows: 9 §446. Recovery of assistance and medical payments medical assistance payments; 10 notice; pleadings; compromise; prescription; privilege for reimbursement of 11 Medicaid payments 12 A. As used in this Section, the following terms have the meaning ascribed in this Subsection: 13 14 (1) "Department" means the Department of Health and Hospitals. 15 (2) "Medicaid" means the medical assistance program provided for in Title 16 XIX of the Social Security Act. (3) "Medicaid managed care organization" means any private entity that 17 18 contracts with the department to provide Medicaid benefits and services to enrollees 19 of the Medicaid program.

CODING: Words in struck through type are deletions from existing law; words <u>underscored</u> are additions.

A. B. When an injury has been sustained or an illness or death incurred by any person under circumstances creating in some third person or legal entity a legal liability or obligation to pay damages or compensation to that person or to his spouse, representative, or dependent, the Department of Health and Hospitals department shall have a cause of action against such third party and/or to recover the medical assistance payments the department has paid or is obligated to pay on behalf of the injured, ill, or deceased person in connection with the injury, illness, or death. The department, a Medicaid managed care organization, or both, may intervene in a suit filed by or on behalf of the injured, ill, or deceased person or his spouse, representative, or dependent against such third party to recover the assistance payments and medical expenses medical assistance payments the Department of Health and Hospitals department, Medicaid managed care organization, or each, has paid or is obligated to pay on behalf of the injured, ill, or deceased person in connection with said injury, illness, or death.

B. C. Any person or his spouse, representative, or dependent who files suit for the recovery of damages or compensation as the result of an injury, illness, or death for which assistance payments of medical expenses medical assistance payments in whole or in part have been paid by the Department of Health and Hospitals department, a Medicaid managed care organization, or both, for which the department, Medicaid managed care organization, or each, has an obligation to pay therefor, shall at the time suit is filed cause a copy of the petition to be served on the department, Medicaid managed care organization, or both, in the manner prescribed by Article 1313 of the Louisiana Code of Civil Procedure. Such person filing suit shall be responsible to the department, Medicaid managed care organization, or both, to the extent of the medical payments or assistance medical assistance payments received, interest, and attorney fees if he fails to have service made upon the department, Medicaid managed care organization, or both. Such person shall also be responsible to the department, Medicaid managed care organization, or both, if he compromises his claim without giving the department, Medicaid managed care

organization, or both, written notice at least thirty days before the compromise is affected. This written notice shall include the name and date of birth of all injured or ill recipients and the name and address of the party or parties potentially liable for damages or compensation.

C: D. Pleadings filed on behalf of the Department of Health and Hospitals department or Medicaid managed care organization shall be accompanied by an itemized statement of its monetary claim, and when accompanied by an affidavit to the correctness thereof to the best of the affiant's knowledge and belief, such itemized statement shall be accepted as prima facie proof of the amount, purpose, and necessity of such payments.

D. E. No compromise of any claim referred to in Subsections A and B B and C of this Section shall be binding upon or affect the rights of the Department of Health and Hospitals department or a Medicaid managed care organization against a third party if the department or Medicaid managed care organization has notified such third party in writing of the amount of its claim prior to the date the compromise settlement is made. The notice provided for herein may be directed to either the third party or his agent.

E. F. An intervention filed by the Department of Health and Hospitals department or a Medicaid managed care organization as provided by Subsection A B of this Section is not barred by prescription if it was not barred at the time the main demand was filed, provided such intervention is filed within ninety days of the date of service of the main demand upon the department.

F. G. The Department of Health and Hospitals department and a Medicaid managed care organization shall have a privilege for the medical assistance payments made by the department or Medicaid managed care organization on behalf of an injured or ill Medicaid recipient on the amount payable to the injured recipient, his heirs, or legal representatives out of the total amount of any recovery or sum had, collected, or to be collected, whether by judgment or by settlement judgment, settlement, or compromise, from another person on account of such injuries, and on

the amount payable by any insurance company under any contract providing for indemnity or compensation to the injured person. The privilege of an attorney shall have precedence over the privilege created under this Section.

G: H. The privilege created herein shall become effective if, prior to the payment of insurance proceeds, or to the payment of any judgment, settlement, or compromise on account of injuries, a written notice containing the name and address of the injured person, and if known, the name of the person alleged to be liable to the injured person on account of the injuries received, is mailed by the Department of Health and Hospitals department, a Medicaid managed care organization, or its an attorney or agent of either, by certified mail, return receipt requested, to the injured person, to his attorney, to the person alleged to be liable to the injured person on account of the injuries sustained, to any insurance carrier which has insured such person against liability, and to any insurance company obligated by contract to pay indemnity or compensation to the injured person. This privilege shall be effective against the persons given notice according to the provisions hereof, and shall not be defeated nor rendered ineffective as against the persons who have been given such notice, because of failure to give such notice to other persons named herein.

H: I. Any insurer, potentially liable third party, or other person who, having received notice in accordance with the provisions hereof, pays over any monies subject to the privilege created herein to any injured person, or to the attorney, heirs, or legal representatives of any injured person, and any injured person, his legal representative, or attorney who receives monies subject to the privilege herein shall be liable to the Department of Health and Hospitals department, Medicaid managed care organization, or both, for the amount of the privilege not to exceed the amount paid by the insurer, potentially liable third party, or other person.

H. J. Nothing in this Section shall be construed to create any statutory lien or privilege on any life insurance proceeds or trust proceeds in favor of any third person.

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DIGEST

The digest printed below was prepared by House Legislative Services. It constitutes no part of the legislative instrument. The keyword, one-liner, abstract, and digest do not constitute part of the law or proof or indicia of legislative intent. [R.S. 1:13(B) and 24:177(E)]

James HB No. 814

Abstract: Extends right of Medicaid recovery in cases of third party liability for injury, illness, or death to Medicaid managed care organizations that contract with the Dept. of Health and Hospitals to provide covered services to Medicaid enrollees.

<u>Present law</u> provides that in cases of injury, illness, or death that create third party liability or obligate third party payment of damages, the Department of Health and Hospitals (DHH) shall have a cause of action against such third party to recover medical assistance payments obligated or paid on behalf of the injured, ill, or deceased person in connection with the injury, illness, or death. Provides for notice, pleadings, compromise, and prescription in such recovery cases.

<u>Proposed law</u> retains <u>present law</u> and extends the right of Medicaid recovery conferred therein upon DHH to Medicaid managed care organizations.

<u>Proposed law</u> defines "Medicaid managed care organization" as any private entity that contracts with DHH to provide Medicaid benefits and services to Medicaid enrollees.

(Amends R.S. 46:446)

Summary of Amendments Adopted by House

House Floor Amendments to the engrossed bill.

- 1. Changed inconsistent references to assistance and medical payments to the phrase "medical assistance payments".
- 2. Specified that DHH, a Medicaid managed care organization, or both, shall have a cause action to recover medical assistance payments.
- 3. Added technical amendments.