## SECOND REGULAR SESSION

### SENATE COMMITTEE SUBSTITUTE FOR

# SENATE BILLS NOS. 842, 799 & 809

## 95TH GENERAL ASSEMBLY

Reported from the Committee on Small Business, Insurance and Industry, February 18, 2010, with recommendation that the Senate Committee Substitute do pass.

4653S.03C

TERRY L. SPIELER, Secretary.

# AN ACT

To repeal section 208.215, RSMo, and to enact in lieu thereof one new section relating to the MO HealthNet division's authority to collect from third-party payors.

Be it enacted by the General Assembly of the State of Missouri, as follows:

MO HealthNet subrogation claims:

Section A. Section 208.215, RSMo, is repealed and one new section 2 enacted in lieu thereof, to be known as section 208.215, to read as follows:

208.215. 1. MO HealthNet is payer of last resort unless otherwise specified by law. When any person, corporation, institution, public agency or private agency is liable, either pursuant to contract or otherwise, to a participant receiving public assistance on account of personal injury to or disability or disease 5 or benefits arising from a health insurance plan to which the participant may be entitled, payments made by the department of social services or MO HealthNet division shall be a debt due the state and recoverable from the liable party or participant for all payments made [in] on behalf of the participant and the debt due the state shall not exceed the payments made from MO HealthNet benefits provided under sections 208.151 to 208.158 and section 208.162 and section 10 208.204 on behalf of the participant, minor or estate for payments on account of 11 12 the injury, disease, or disability or benefits arising from a health insurance program to which the participant may be entitled. Any health benefit plan as 13 14 defined in section 376.1350, third party administrator, administrative service organization, and pharmacy benefits manager, shall process and 15 pay all properly submitted medical assistance subrogation claims or 16

EXPLANATION—Matter enclosed in bold-faced brackets [thus] in this bill is not enacted and is intended to be omitted in the law.

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- (1) For a period of three years from the date services were provided or rendered, regardless of any other timely filing requirement otherwise imposed by such entity, and the entity shall not deny such 20 claims on the basis of the type or format of the claim form, failure to present proper documentation of coverage at the point of sale, or failure to obtain prior authorization; and
  - (2) If any action by the state to enforce its rights with respect to such claim is commenced within six years of the state's submission of such claim.
  - 2. The department of social services, MO HealthNet division, or its contractor may maintain an appropriate action to recover funds paid by the department of social services or MO HealthNet division or its contractor that are due under this section in the name of the state of Missouri against the person, corporation, institution, public agency, or private agency liable to the participant, minor or estate.
  - 3. Any participant, minor, guardian, conservator, personal representative, estate, including persons entitled under section 537.080, RSMo, to bring an action for wrongful death who pursues legal rights against a person, corporation, institution, public agency, or private agency liable to that participant or minor for injuries, disease or disability or benefits arising from a health insurance plan to which the participant may be entitled as outlined in subsection 1 of this section shall upon actual knowledge that the department of social services or MO HealthNet division has paid MO HealthNet benefits as defined by this chapter promptly notify the MO HealthNet division as to the pursuit of such legal rights.
  - 4. Every applicant or participant by application assigns his right to the department of social services or MO HealthNet division of any funds recovered or expected to be recovered to the extent provided for in this section. All applicants and participants, including a person authorized by the probate code, shall cooperate with the department of social services, MO HealthNet division in identifying and providing information to assist the state in pursuing any third party who may be liable to pay for care and services available under the state's plan for MO HealthNet benefits as provided in sections 208.151 to 208.159 and sections 208.162 and 208.204. All applicants and participants shall cooperate with the agency in obtaining third-party resources due to the applicant, participant, or child for whom assistance is claimed. Failure to cooperate without good cause as determined by the department of social services, MO HealthNet

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division in accordance with federally prescribed standards shall render the 54 55 applicant or participant ineligible for MO HealthNet benefits under sections 208.151 to 208.159 and sections 208.162 and 208.204. A [recipient] participant 56 57 who has notice or who has actual knowledge of the department's rights to third-party benefits who receives any third-party benefit or proceeds for a covered 5859 illness or injury is either required to pay the division within sixty days after 60 receipt of settlement proceeds the full amount of the third-party benefits up to 61 the total MO HealthNet benefits provided or to place the full amount of the 62 third-party benefits in a trust account for the benefit of the division pending judicial or administrative determination of the division's right to third-party 63 64 benefits.

- 5. Every person, corporation or partnership who acts for or on behalf of a person who is or was eligible for MO HealthNet benefits under sections 208.151 to 208.159 and sections 208.162 and 208.204 for purposes of pursuing the applicant's or participant's claim which accrued as a result of a nonoccupational or nonwork-related incident or occurrence resulting in the payment of MO HealthNet benefits shall notify the MO HealthNet division upon agreeing to assist such person and further shall notify the MO HealthNet division of any institution of a proceeding, settlement or the results of the pursuit of the claim and give thirty days' notice before any judgment, award, or settlement may be satisfied in any action or any claim by the applicant or participant to recover damages for such injuries, disease, or disability, or benefits arising from a health insurance program to which the participant may be entitled.
- 776. Every participant, minor, guardian, conservator, personal representative, estate, including persons entitled under section 537.080, RSMo, 78 to bring an action for wrongful death, or his attorney or legal representative shall 79 promptly notify the MO HealthNet division of any recovery from a third party and 80 shall immediately reimburse the department of social services, MO HealthNet 81 division, or its contractor from the proceeds of any settlement, judgment, or other 82recovery in any action or claim initiated against any such third party. A 83 judgment, award, or settlement in an action by a [recipient] participant to 84 85 recover damages for injuries or other third-party benefits in which the division has an interest may not be satisfied without first giving the division notice and 86 87 a reasonable opportunity to file and satisfy the claim or proceed with any action as otherwise permitted by law. 88
  - 7. The department of social services, MO HealthNet division or its

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contractor shall have a right to recover the amount of payments made to a provider under this chapter because of an injury, disease, or disability, or benefits arising from a health insurance plan to which the participant may be entitled for which a third party is or may be liable in contract, tort or otherwise under law or equity. Upon request by the MO HealthNet division, all third-party payers shall provide the MO HealthNet division with information contained in a 270/271 Health Care Eligibility Benefits Inquiry and Response standard transaction mandated under the federal Health Insurance Portability and Accountability Act, except that third-party payers shall not include accident-only, specified disease, disability income, hospital indemnity, or other fixed indemnity insurance policies.

- 8. The department of social services or MO HealthNet division shall have a lien upon any moneys to be paid by any insurance company or similar business enterprise, person, corporation, institution, public agency or private agency in settlement or satisfaction of a judgment on any claim for injuries or disability or disease benefits arising from a health insurance program to which the participant may be entitled which resulted in medical expenses for which the department or MO HealthNet division made payment. This lien shall also be applicable to any moneys which may come into the possession of any attorney who is handling the claim for injuries, or disability or disease or benefits arising from a health insurance plan to which the participant may be entitled which resulted in payments made by the department or MO HealthNet division. In each case, a lien notice shall be served by certified mail or registered mail, upon the party or parties against whom the applicant or participant has a claim, demand or cause of action. The lien shall claim the charge and describe the interest the department or MO HealthNet division has in the claim, demand or cause of action. The lien shall attach to any verdict or judgment entered and to any money or property which may be recovered on account of such claim, demand, cause of action or suit from and after the time of the service of the notice.
- 9. On petition filed by the department, or by the participant, or by the defendant, the court, on written notice of all interested parties, may adjudicate the rights of the parties and enforce the charge. The court may approve the settlement of any claim, demand or cause of action either before or after a verdict, and nothing in this section shall be construed as requiring the actual trial or final adjudication of any claim, demand or cause of action upon which the department has charge. The court may determine what portion of the recovery shall be paid to the department against the recovery. In making this determination the court

shall conduct an evidentiary hearing and shall consider competent evidence pertaining to the following matters:

- (1) The amount of the charge sought to be enforced against the recovery when expressed as a percentage of the gross amount of the recovery; the amount of the charge sought to be enforced against the recovery when expressed as a percentage of the amount obtained by subtracting from the gross amount of the recovery the total attorney's fees and other costs incurred by the participant incident to the recovery; and whether the department should, as a matter of fairness and equity, bear its proportionate share of the fees and costs incurred to generate the recovery from which the charge is sought to be satisfied;
- (2) The amount, if any, of the attorney's fees and other costs incurred by the participant incident to the recovery and paid by the participant up to the time of recovery, and the amount of such fees and costs remaining unpaid at the time of recovery;
- (3) The total hospital, doctor and other medical expenses incurred for care and treatment of the injury to the date of recovery therefor, the portion of such expenses theretofore paid by the participant, by insurance provided by the participant, and by the department, and the amount of such previously incurred expenses which remain unpaid at the time of recovery and by whom such incurred, unpaid expenses are to be paid;
- (4) Whether the recovery represents less than substantially full recompense for the injury and the hospital, doctor and other medical expenses incurred to the date of recovery for the care and treatment of the injury, so that reduction of the charge sought to be enforced against the recovery would not likely result in a double recovery or unjust enrichment to the participant;
- (5) The age of the participant and of persons dependent for support upon the participant, the nature and permanency of the participant's injuries as they affect not only the future employability and education of the participant but also the reasonably necessary and foreseeable future material, maintenance, medical rehabilitative and training needs of the participant, the cost of such reasonably necessary and foreseeable future needs, and the resources available to meet such needs and pay such costs;
- (6) The realistic ability of the participant to repay in whole or in part the charge sought to be enforced against the recovery when judged in light of the factors enumerated above.
  - 10. The burden of producing evidence sufficient to support the exercise by

the court of its discretion to reduce the amount of a proven charge sought to be enforced against the recovery shall rest with the party seeking such reduction. The computerized records of the MO HealthNet division, certified by the director or his designee, shall be prima facie evidence of proof of moneys expended and the amount of the debt due the state.

- 11. The court may reduce and apportion the department's or MO HealthNet division's lien proportionate to the recovery of the claimant. The court may consider the nature and extent of the injury, economic and noneconomic loss, settlement offers, comparative negligence as it applies to the case at hand, hospital costs, physician costs, and all other appropriate costs. The department or MO HealthNet division shall pay its pro rata share of the attorney's fees based on the department's or MO HealthNet division's lien as it compares to the total settlement agreed upon. This section shall not affect the priority of an attorney's lien under section 484.140, RSMo. The charges of the department or MO HealthNet division or contractor described in this section, however, shall take priority over all other liens and charges existing under the laws of the state of Missouri with the exception of the attorney's lien under such statute.
- 12. Whenever the department of social services or MO HealthNet division has a statutory charge under this section against a recovery for damages incurred by a participant because of its advancement of any assistance, such charge shall not be satisfied out of any recovery until the attorney's claim for fees is satisfied, [irrespective] regardless of whether [or not] an action based on participant's claim has been filed in court. Nothing herein shall prohibit the director from entering into a compromise agreement with any participant, after consideration of the factors in subsections 9 to 13 of this section.
- 13. This section shall be inapplicable to any claim, demand or cause of action arising under the workers' compensation act, chapter 287, RSMo. From funds recovered pursuant to this section the federal government shall be paid a portion thereof equal to the proportionate part originally provided by the federal government to pay for MO HealthNet benefits to the participant or minor involved. The department or MO HealthNet division shall enforce TEFRA liens, 42 U.S.C. 1396p, as authorized by federal law and regulation on permanently institutionalized individuals. The department or MO HealthNet division shall have the right to enforce TEFRA liens, 42 U.S.C. 1396p, as authorized by federal law and regulation on all other institutionalized individuals. For the purposes of this subsection, "permanently institutionalized individuals" includes those

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people who the department or MO HealthNet division determines cannot reasonably be expected to be discharged and return home, and "property" includes the homestead and all other personal and real property in which the participant has sole legal interest or a legal interest based upon co-ownership of the property which is the result of a transfer of property for less than the fair market value within thirty months prior to the participant's entering the nursing facility. The following provisions shall apply to such liens:

- (1) The lien shall be for the debt due the state for MO HealthNet benefits paid or to be paid on behalf of a participant. The amount of the lien shall be for the full amount due the state at the time the lien is enforced;
- (2) The MO HealthNet division shall file for record, with the recorder of deeds of the county in which any real property of the participant is situated, a written notice of the lien. The notice of lien shall contain the name of the participant and a description of the real estate. The recorder shall note the time of receiving such notice, and shall record and index the notice of lien in the same manner as deeds of real estate are required to be recorded and indexed. The director or the director's designee may release or discharge all or part of the lien and notice of the release shall also be filed with the recorder. The department of social services, MO HealthNet division, shall provide payment to the recorder of deeds the fees set for similar filings in connection with the filing of a lien and any other necessary documents;
- (3) No such lien may be imposed against the property of any individual prior to the individual's death on account of MO HealthNet benefits paid except:
  - (a) In the case of the real property of an individual:
- a. Who is an inpatient in a nursing facility, intermediate care facility for the mentally retarded, or other medical institution, if such individual is required, as a condition of receiving services in such institution, to spend for costs of medical care all but a minimal amount of his or her income required for personal needs; and
- b. With respect to whom the director of the MO HealthNet division or the director's designee determines, after notice and opportunity for hearing, that he cannot reasonably be expected to be discharged from the medical institution and to return home. The hearing, if requested, shall proceed under the provisions of chapter 536, RSMo, before a hearing officer designated by the director of the MO HealthNet division; or
  - (b) Pursuant to the judgment of a court on account of benefits incorrectly

- 234 paid on behalf of such individual;
- 235 (4) No lien may be imposed under paragraph (b) of subdivision (3) of this
- 236 subsection on such individual's home if one or more of the following persons is
- 237 lawfully residing in such home:
- 238 (a) The spouse of such individual;
- 239 (b) Such individual's child who is under twenty-one years of age, or is
- 240 blind or permanently and totally disabled; or
- (c) A sibling of such individual who has an equity interest in such home
- 242 and who was residing in such individual's home for a period of at least one year
- 243 immediately before the date of the individual's admission to the medical
- 244 institution;
- 245 (5) Any lien imposed with respect to an individual pursuant to
- 246 subparagraph b of paragraph (a) of subdivision (3) of this subsection shall
- 247 dissolve upon that individual's discharge from the medical institution and return
- 248 home.
- 249 14. The debt due the state provided by this section is subordinate to the
- 250 lien provided by section 484.130, RSMo, or section 484.140, RSMo, relating to an
- 251 attorney's lien and to the participant's expenses of the claim against the third
- 252 party.
- 253 15. Application for and acceptance of MO HealthNet benefits under this
- 254 chapter shall constitute an assignment to the department of social services or MO
- 255 HealthNet division of any rights to support for the purpose of medical care as
- 256 determined by a court or administrative order and of any other rights to payment
- 257 for medical care.
- 258 16. All participants receiving benefits as defined in this chapter shall
- 259 cooperate with the state by reporting to the family support division or the MO
- 260 HealthNet division, within thirty days, any occurrences where an injury to their
- 261 persons or to a member of a household who receives MO HealthNet benefits is
- 262 sustained, on such form or forms as provided by the family support division or
- 263 MO HealthNet division.
- 17. If a person fails to comply with the provision of any judicial or
- 265 administrative decree or temporary order requiring that person to maintain
- 266 medical insurance on or be responsible for medical expenses for a dependent
- 267 child, spouse, or ex-spouse, in addition to other remedies available, that person
- 268 shall be liable to the state for the entire cost of the medical care provided
- 269 pursuant to eligibility under any public assistance program on behalf of that

dependent child, spouse, or ex-spouse during the period for which the required medical care was provided. Where a duty of support exists and no judicial or administrative decree or temporary order for support has been entered, the person owing the duty of support shall be liable to the state for the entire cost of the medical care provided on behalf of the dependent child or spouse to whom the duty of support is owed.

- 18. The department director or the director's designee may compromise, settle or waive any such claim in whole or in part in the interest of the MO HealthNet program. Notwithstanding any provision in this section to the contrary, the department of social services, MO HealthNet division is not required to seek reimbursement from a liable third party on claims for which the amount it reasonably expects to recover will be less than the cost of recovery or for which recovery efforts will not be cost-effective. Cost-effectiveness is determined based on the following:
- (1) Actual and legal issues of liability as may exist between the [recipient] participant and the liable party;
  - (2) Total funds available for settlement; and
- (3) An estimate of the cost to the division of pursuing its claim.

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