

**26-19-4.7 Health insurance entity -- Duties related to state claims for Medicaid payment or recovery.**

As a condition of doing business in the state, a health insurance entity shall:

- (1) with respect to a person who is eligible for, or is provided, medical assistance under the state plan, upon the request of the Department of Health, provide information to determine:
  - (a) during what period the person, or the spouse or dependent of the person, may be or may have been, covered by the health insurance entity; and
  - (b) the nature of the coverage that is or was provided by the health insurance entity described in Subsection (1)(a), including the name, address, and identifying number of the plan;
- (2) accept the state's right of recovery and the assignment to the state of any right of a person to payment from a party for an item or service for which payment has been made under the state plan;
- (3) respond to any inquiry by the Department of Health regarding a claim for payment for any health care item or service that is submitted no later than three years after the day on which the health care item or service is provided; and
- (4) not deny a claim submitted by the Department of Health solely on the basis of the date of submission of the claim, the type or format of the claim form, or failure to present proper documentation at the point-of-sale that is the basis for the claim, if:
  - (a) the claim is submitted no later than three years after the day on which the item or service is furnished; and
  - (b) any action by the Department of Health to enforce the rights of the state with respect to the claim is commenced no later than six years after the day on which the claim is submitted.

Enacted by Chapter 64, 2007 General Session