

The Senate Finance Committee offered the following substitute to HB 505:

A BILL TO BE ENTITLED
AN ACT

1 To amend Title 49 of the Official Code of Georgia Annotated, relating to social services, so
2 as to change certain provisions relating to recovery of assistance from third parties liable for
3 sickness, injury, disease, or disability; to expand certain obligations of insurers, managed
4 health care entities, and pharmacy benefit managers; to authorize the Department of Human
5 Resources to charge fees relating to the licensure of adult day centers; to provide for related
6 matters; to provide for effective dates; to provide for a contingency; to repeal conflicting
7 laws; and for other purposes.

8 BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

9 SECTION 1.

10 Title 49 of the Official Code of Georgia Annotated, relating to social services, is amended
11 by revising subsection (b) of Code Section 49-4-148, relating to recovery of assistance from
12 third parties liable for sickness, injury, disease, or disability, as follows:

13 "(b) All insurers, as defined in Code Section 33-24-57.1, including but not limited to group
14 health plans as defined in Section 607(1) of the federal Employee Retirement Security Act
15 of 1974, ~~and~~ managed care entities as defined in Code Section 33-20A-3, which offer
16 health benefit plans, as defined in Code Section 33-24-59.5, pharmacy benefit managers,
17 as defined in Code Section 26-4-110.1, and any other parties that are, by statute, contract,
18 or agreement, legally responsible for payment of a claim for a health care item or service
19 shall comply with this subsection. ~~Those insurers~~ Such entities set forth in this subsection
20 shall:

21 (1) Cooperate with the department in determining whether a person who is a recipient
22 of medical assistance may be covered under that ~~insurer's~~ entity's health benefit plan and
23 eligible to receive benefits thereunder for the medical services for which that medical
24 assistance was provided and respond to any inquiry from the state regarding a claim for
25 payment for any health care item or service submitted not later than three years after such
26 item or service was provided;

1 (2) Accept the department's authorization for the provision of medical services on behalf
 2 of a recipient of medical assistance as the insurer's entity's authorization for the provision
 3 of those services; and

4 (3) Comply with the requirements of Code Section 33-24-59.5, regarding the timely
 5 payment of claims submitted by the department for medical services provided to a
 6 recipient of medical assistance and covered by the health benefit plan, subject to the
 7 payment to the department of interest as provided in that Code section for failure to
 8 comply;

9 (4) Provide the department, on a quarterly basis, eligibility and claims payment data
 10 regarding applicants for medical assistance or recipients for medical assistance;

11 (5) Accept the assignment to the department or a recipient of medical assistance or any
 12 other entity of any rights to any payments for such medical care from a third party; and

13 (6) Agree not to deny a claim submitted by the department solely on the basis of the date
 14 of submission of the claim, type or format of the claim, or a failure to present proper
 15 documentation at the point-of-sale which is the basis of the claim, if:

16 (A) The claim is submitted to the department within three years from when the item
 17 or service was furnished; and

18 (B) Any action by the department to enforce its rights with respect to such claim
 19 commenced within six years of the department's submission of the claim.

20 The requirements of paragraphs (2) and (3) of this subsection shall only apply to a health
 21 benefit plan which is issued, issued for delivery, delivered, or renewed on or after April 28,
 22 2001."

23 SECTION 2.

24 Said title is further amended by adding a new Code section to read as follows:

25 "49-6-86.

26 The department shall be authorized to charge reasonable application fees, license fees,
 27 renewal fees, or other similar fees relating to the licensure of adult day centers in an
 28 amount established by the board pursuant to rules and regulations. The board shall take
 29 into consideration input from consumers, providers of adult day health services, and
 30 advocates during the rulemaking process to establish such fees. If so appropriated by the
 31 General Assembly, the fees shall be used to support the licensing, inspecting, and
 32 monitoring of adult day centers. Fees may be refunded by the department for good cause,
 33 as determined by the department."

SECTION 3.

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Section 2 of this Act shall become effective only if funds are specifically appropriated for the purposes of this Act in an appropriations act making specific reference to this Act and shall become effective when funds so appropriated become available for expenditure. For all other purposes, this Act shall become effective on July 1, 2007.

SECTION 4.

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All laws and parts of laws in conflict with this Act are repealed.