SENATE CS FOR CS FOR HOUSE BILL NO. 325(FIN)  
IN THE LEGISLATURE OF THE STATE OF ALASKA  
TWENTY-FIRST LEGISLATURE - SECOND SESSION  

BY THE SENATE FINANCE COMMITTEE  
Offered: 4/20/00  
Referred: Rules  
Sponsor(s): HOUSE RULES COMMITTEE BY REQUEST OF THE GOVERNOR  

A BILL  

FOR AN ACT ENTITLED  

"An Act relating to priorities, claims, and liens for payment for certain medical services provided to medical assistance recipients; and providing for an effective date."  

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:  

* Section 1. AS 34.35.460 is amended by adding a new subsection to read:  

(b) A hospital or the owner or operator of a hospital, or a physician or licensed special nurse who files a notice of lien under (a) of this section for hospitalization or services provided to a recipient of medical assistance under AS 47 shall mail a copy of the notice of lien to the unit of the Department of Health and Social Services that administers medical assistance for needy persons under AS 47. The copy must be sent by certified mail no later than 30 days after the filing of the notice of lien under (a) of this section.  

* Sec. 2. AS 34.35 is amended by adding a new section to read:  

Sec. 34.35.481. Priority of liens. A lien perfected by the Department of
Health and Social Services under AS 47.05.075 has priority immediately after a lien perfected by a hospital, nurse, or physician under AS 34.35.450 - 34.35.480.

* Sec. 3. AS 44.77.015(a) is amended to read:

(a) For the purposes of filing claims for medical services provided under AS 47.07 or AS 47.25.120 - 47.25.300, "promptly," in AS 44.77.010(a), means [(1) WITHIN SIX MONTHS AFTER THE DATE OF SERVICE, OR AS PROVIDED IN (b) OF THIS SECTION, IF THERE IS NO THIRD-PARTY CLAIM, OR (2)] within 12 months after the date of service or as provided in (b) of this section [IF THERE IS A THIRD-PARTY CLAIM]. Except as provided in (c) of this section, a claim may not be paid if it is not filed promptly; an inference to the contrary may not be drawn from AS 09.10.053, AS 09.50.250 - 09.50.300, or AS 37.25.010.

* Sec. 4. AS 44.77.015(b) is amended to read:

(b) In accordance with (a) of this section, a claim may be considered to be filed promptly if (1) the claim was filed more than 12 [SIX] months after the date of service because the medical provider had reason to believe that the beneficiary was ineligible for service under AS 47.07 or AS 47.25.120 - 47.25.300; (2) a court of competent jurisdiction or an administrative hearing officer finds that the beneficiary was eligible for service under AS 47.07 or AS 47.25.120 - 47.25.300 on the date of service; and (3) the claim is filed within 12 [SIX] months after the date that the court or administrative finding is rendered. The beneficiary is responsible for notifying the medical provider of the judicial or administrative finding. The department shall make a good faith effort to notify the medical provider of the judicial or administrative finding if the department has reason to believe that services have been provided to the beneficiary.

* Sec. 5. AS 44.77.015(c) is amended to read:

(c) The commissioner of health and social services may authorize payment to a medical provider of a claim not promptly filed, upon good cause shown. [PAYMENTS UNDER THIS SUBSECTION MAY NOT EXCEED 50 PERCENT OF THE ALLOWABLE CHARGES PRESENTED IN THE CLAIM.]

* Sec. 6. AS 47.05.070(b) is amended to read:

(b) If the department provides or pays for medical assistance for injury or
illness under this title, the department is subrogated to the rights of the recipient of that
medical assistance for any claim arising from the injury or illness and to the proceeds
of an insurance policy covering the injury or illness to the extent of the value of the
medical assistance provided. **A recipient of medical assistance or the recipient’s
attorney must notify the department in writing of any action or claim against a
third-party payor if medical assistance was provided by the department to treat
an injury or illness for which the third party may be liable. Notwithstanding the
assertion of any action or claim by the recipient of medical assistance, the
department may bring an action in the superior court against an alleged third-
party payor to recover an amount subrogated to the department for medical
assistance provided on behalf of a recipient.**

* Sec. 7. AS 47.05.070(c) is amended to read:

(c) If a recipient of medical assistance under this title settles a claim or obtains
an award or judgment arising from the injury or illness for which the medical
assistance was received, the amount of the claim to which the department is
entitled under (b) of this section shall be reduced by a pro rata share of the
[DEPARTMENT SHALL REIMBURSE THE RECIPIENT FOR] attorney fees and
litigation costs [COMMENSURATE WITH THE AMOUNT OF THE SETTLEMENT,
AWARD, OR JUDGMENT TO WHICH THE DEPARTMENT IS ENTITLED
UNDER (b) OF THIS SECTION]. Regardless of the manner in which the amount of
the attorney fees is derived in the particular case, the pro rata reduction of the
subrogated claim for [.] reimbursement of attorney fees shall be calculated in
accordance with the applicable rules of court governing the award of attorney fees in
civil matters.

* Sec. 8. AS 47.05.070 is amended by adding new subsections to read:

(e) Notwithstanding (b) of this section, the department may waive the
subrogation rights to all or part of the amount of medical assistance paid on behalf of
a recipient of medical assistance in cases of undue hardship.

(f) The department may adopt regulations to interpret and implement this
section.

* Sec. 9. AS 47.05 is amended by adding a new section to read:
Sec. 47.05.075. Medical assistance lien. (a) The department has a lien upon any sum that may be due to the recipient of medical assistance from a third-party payor. The lien is in the amount of the medical assistance paid for medical services under this title, together with reasonable attorney fees and litigation costs incurred in the enforcement of the lien.

(b) A lien against a sum due from a third-party payor for medical services provided to a recipient of medical assistance under this title attaches and is effective upon filing with a recorder's office in any recording district in the state. However, a lien filed under this subsection is not perfected and has no effect unless notice of filing of the lien is served by the department upon the third-party payor, personally or by registered, certified, or insured mail, return receipt requested.

(c) If a recipient of medical assistance under this title settles a claim or obtains an award or judgment arising from the injury or illness for which the medical assistance was received, the amount of the lien to which the department is entitled under (a) of this section shall be reduced by a pro rata share of the attorney fees and litigation costs. Regardless of the manner in which the amount of the attorney fees is derived in the particular case, the pro rata reduction of the lien shall be calculated in accordance with the applicable rules of court governing the award of attorney fees in civil matters.

(d) A perfected lien under this section has priority immediately after a lien perfected by a hospital, nurse, or physician under AS 34.35.450 - 34.35.480.

* Sec. 10. The uncodified law of the State of Alaska is amended by adding a new section to read:

APPLICABILITY. (a) Sections 3 - 5 of this Act apply to all claims for medical services provided under AS 47 to a recipient of medical assistance that are submitted to the Department of Health and Social Services on or after the effective date of this Act.

(b) Except as provided in (a) of this section, this Act applies to all claims for medical services that are provided under AS 47 to a recipient of medical assistance on or after the effective date of this Act.

* Sec. 11. This Act takes effect immediately under AS 01.10.070(c).