Document: O.C.G.A. § 49-4-148

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49-4-148. Recovery of assistance from third party liable for sickness, injury, disease, or disability; compromise or waiver of claim; compliance; effective date.

(a) Should medical assistance be paid in behalf of a recipient of medical assistance on account of any sickness, injury, disease, or disability for which another person is legally liable, the Department of Community Health may seek reimbursement for such medical assistance from such other person. The department shall be subrogated, but only to the extent of the reasonable value of the medical assistance paid and attributable to such sickness, injury, disease, or disability, to the rights of the recipient of medical assistance against the person so legally liable; the commissioner of community health may compromise, settle, and execute a release of any such claim or waive, expressly, any such claim, in whole or in part, for the convenience of the Department of Community Health. This Code section is cumulative of the remedies of the Department of Community Health which specifically include, but are not limited to, the use of hospital liens as provided in Code Sections 44-14-470 through 44-14-477; and further, the payment of medical assistance to a hospital provider shall in no way be construed to discharge the obligation of a third party to satisfy a hospital lien.

(b) All insurers, as defined in Code Section 33-24-57.1, including but not limited to group health plans as defined in Section 607(1) of the federal Employee Retirement Security Act of 1974, managed care entities as defined in Code Section 33-20A-3, which offer health benefit plans, as defined in Code Section 33-24-59.5, pharmacy benefits managers, as defined in Code Section 33-64-1, and any other parties that are, by statute, contract, or agreement, legally responsible for payment of a claim for a health care item or service shall comply with this subsection. Such entities set forth in this subsection shall:

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

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

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

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

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

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

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

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

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

History

Ga. L. 1977, p. 384, § 9; Ga. L. 1978, p. 1520, § 1; Ga. L. 1999, p. 296, § 24; Ga. L. 2001, p. 1240, § 8; Ga. L. 2007, p. 348, § 1/HB 505; Ga. L. 2020, p. 654, § 6/HB 918.

Annotations

Notes

The 2020 amendment, effective January 1, 2021, in the first sentence of subsection (b), substituted "benefits managers" for "benefit managers" and substituted "Code Section 33-64-1" for "Code Section 26-4-110.1".

Code Commission notes.

Pursuant to Code Section 28-9-5, in 2001, "April 28, 2001" was substituted for "this subsection first becomes effective in 2001" at the end of the undesignated paragraph in subsection (b).

Research References & Practice Aids

RESEARCH REFERENCES

ALR.

Collateral source rule — Aid or gratuity, 77 A.L.R.3d 366.

Valuing damages in personal injury actions awarded for gratuitously rendered nursing and medical care, 49 A.L.R.5th 685.

Hierarchy Notes:

O.C.G.A. Title 49

O.C.G.A. Title 49, Ch. 4

O.C.G.A. Title 49, Ch. 4, Art. 7

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