**South Carolina General Assembly**

125th Session, 2023-2024

**H. 5235**

**STATUS INFORMATION**

General Bill

Sponsors: Reps. Bannister and Herbkersman

Document Path: LC-0418VR24.docx

Introduced in the House on March 6, 2024

Introduced in the Senate on April 10, 2024

Currently residing in the House

Summary: Medicaid

**HISTORY OF LEGISLATIVE ACTIONS**

Date Body Action Description with journal page number

3/6/2024 House Introduced and read first time ([House Journal‑page 45](h:\hj\20240306.docx))

3/6/2024 House Referred to Committee on **Ways and Means** ([House Journal‑page 45](h:\hj\20240306.docx))

3/27/2024 House Committee report: Favorable **Ways and Means** ([House Journal‑page 8](h:\hj\20240327.docx))

4/9/2024 House Read second time ([House Journal‑page 51](h:\hj\20240409.docx))

4/9/2024 House Roll call Yeas-107 Nays-0 ([House Journal‑page 51](h:\hj\20240409.docx))

4/10/2024 House Read third time and sent to Senate ([House Journal‑page 12](h:\hj\20240410.docx))

4/10/2024 Senate Introduced and read first time ([Senate Journal‑page 5](h:\sj\20240410.docx))

4/10/2024 Senate Referred to Committee on **Medical Affairs** ([Senate Journal‑page 5](h:\sj\20240410.docx))

4/24/2024 Senate Recalled from Committee on **Medical Affairs** ([Senate Journal‑page 2](h:\sj\20240424.docx))

View the latest  [legislative information](https://www.scstatehouse.gov/billsearch.php?billnumbers=5235&session=125&summary=B)  at the website

**VERSIONS OF THIS BILL**

[03/06/2024](https://www.scstatehouse.gov/sess125_2023-2024/prever/5235_20240306.docx)

[03/27/2024](https://www.scstatehouse.gov/sess125_2023-2024/prever/5235_20240327.docx)

[03/27/2024-A](https://www.scstatehouse.gov/sess125_2023-2024/prever/5235_20240327a.docx)

[04/24/2024](https://www.scstatehouse.gov/sess125_2023-2024/prever/5235_20240424.docx)

Indicates Matter Stricken

Indicates New Matter

Recalled

April 24, 2024

H. 5235

Introduced by Reps. Bannister and Herbkersman

S. Printed 04/24/24--S.

Read the first time April 10, 2024

\_\_\_\_\_\_\_\_

A bill

TO AMEND THE SOUTH CAROLINA CODE OF LAWS BY AMENDING SECTION 43‑7‑465, RELATING TO INSURERS PROVIDING COVERAGE TO PERSONS RECEIVING MEDICAID, SO AS TO COMPORT WITH THE FEDERAL CONSOLIDATED APPROPRIATIONS ACT OF 2022.

Be it enacted by the General Assembly of the State of South Carolina:

SECTION 1. Section 43‑7‑465 of the S.C. Code is amended to read:

Section 43‑7‑465. A health insurer, including a self‑insured plan, group health plan as defined in Section 607(1) of the Employee Retirement Income Security Act of 1974, service‑benefit plan, managed‑care organization, pharmacy benefit manager, or another party that is legally responsible by statute, contract, or agreement for payment of a claim for a health care item or service, as a condition of doing business in this State, shall:

(1) provide, with respect to an individual eligible for or receiving medical assistance under the state plan, on request of the single state agency, information to determine during what period the individual or his spouse or dependent may be, or may have been, covered by a health insurer and the nature of coverage provided or that may have been provided by the insurer in a manner prescribed by the secretary of the United States Department of Health and Human Services or by the single state agency. This information must include the insured’s name, address, and the plan’s identifying number;

(2) accept the state’s right of recovery and the assignment to the State of an individual or another entity’s right to payment for a health care item or service for which payment was made under the state plan (or under a waiver of such plan);

(3) respond to an inquiry by the State regarding a claim for payment for a health care item or service submitted within three years of the date the item or service was provided;

(4) agree not to deny a claim submitted by the State solely on the basis of the date the claim was submitted, the type or format of claim form, or a failure to present proper documentation at the point of sale that provides the basis of the claim if:

(a) the claim is submitted by the State within the three‑year period beginning on the date on which the item or service was furnished; and

(b) an action by the State to enforce its right with respect to the claim is commenced within six years of the state's submission of the claim.

(3) in the case of a responsible third party (other than the original Medicare fee‑for‑service program under parts A and B of subchapter XVIII of the Social Security Act, a Medicare Advantage plan offered by a Medicare Advantage organization under part C of subchapter XVIII of the Social Security Act, a reasonable cost reimbursement plan under Section 1395mm of Title XVIII of the Social Security Act, a health care prepayment plan under Section 1395I of Title XVIII of the Social Security Act, or a prescription drug plan offered by a PDP sponsor under part D of subchapter XVIII of the Social Security Act) that requires prior authorization for an item or service furnished to an individual eligible to receive medical assistance under this subchapter, accept authorization provided by the State that the item or service is covered under the state plan (or waiver of such plan) for such individual, as if such authorization were the prior authorization made by the third party for such item or service;

(4) not later than sixty days after receiving any inquiry by the State regarding a claim for payment for any health care item or service that is submitted not later than three years after the date of the provision of such health care item or service, respond to such inquiry; and

(5) agree not to deny a claim submitted by the State solely on the basis of the date of submission of the claim, the type or format of the claim form, a failure to present proper documentation at the point‑of‑sale that is the basis of the claim, or in the case of a responsible third party (other than the original Medicare fee‑for‑service program under parts A and B of subchapter XVIII of the Social Security Act, a Medicare Advantage plan offered by a Medicare Advantage organization under part C of subchapter XVIII of the Social Security Act, a reasonable cost reimbursement plan under Section 1395mm of Title XVIII of the Social Security Act, a health care prepayment plan under Section 1395I of Title XVIII of the Social Security Act, or a prescription drug plan offered by a PDP sponsor under part D of such title) a failure to obtain prior authorization for the item or service for which the claim is being submitted, if:

(a) the claim is submitted by the State within the three‑year period beginning on the date on which the item or service was furnished; and

(b) any action by the State to enforce its rights with respect to such claim is commenced within six years of the State submission of such claim.

SECTION 2. This act takes effect upon approval by the Governor.

‑‑‑‑XX‑‑‑‑