



# ARIZONA HOUSE OF REPRESENTATIVES

Fifty-sixth Legislature  
Second Regular Session

Senate: HHS DP 7-0-0-0 APPROP DP 5-3-2-0 | 3<sup>rd</sup> Read 26-0-4-0

House: HHS DP 9-0-0-1

## **SB 1250: AHCCCS; claims**

**Sponsor: Senator Shope, LD 16**

**House Engrossed**

### **Overview**

Forbids a health care insurer from denying a claim for payment submitted by the state solely based on a lack of prior authorization if the Arizona Health Care Cost Containment System (AHCCCS) authorized the item or service.

### **History**

Established in 1981, AHCCCS is Arizona's Medicaid program that oversees contracted health plans for the delivery of health care to individuals and families who qualify for Medicaid and other medical assistance programs. Through contracted health plans across the state, AHCCCS delivers health care to qualifying individuals including low-income adults, their children or people with certain disabilities. Current statute outlines covered health and medical services offered to AHCCCS members ([A.R.S. § 36-2907](#)).

A *health care insurer* is a self-insured health benefit plan, a group health plan, a pharmacy benefit manager or any other party that by statute, contract or agreement is responsible for paying for items or services provided to an eligible person including: 1) an entity transacting disability insurance; 2) hospital service corporations, medical service corporations, dental service corporations, optometric service corporations and hospital, medical, dental and optometric service corporations; 3) a prepaid dental plan organization; 4) a health care services organization; 5) an entity transacting group disability insurance; or 6) an entity transacting blanket disability insurance ([A.R.S. § 36-2923](#)).

### **Provisions**

1. Prohibits a health care insurer from denying a claim for payment submitted by this state solely on the basis of lack of prior authorization if AHCCCS authorized the item or service. (Sec. 1)
2. Asserts that this does not expand the scope of coverage, benefits or rights under the policy issued by the health care insurer. (Sec. 1)
3. Requires a health care insurer to respond within 60 days to any inquiry made by the AHCCCS Director regarding a claim for payment for any health care item or service that is submitted no later than three years after the date of the health care item or service. (Sec. 1)
4. Eliminates the requirement that the AHCCCS Director provide a copy of the health care insurer compliance report to the Director of the Arizona State Library, Archives and Public Records. (Sec. 1)

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| <input type="checkbox"/> Prop 105 (45 votes) <input type="checkbox"/> Prop 108 (40 votes) <input type="checkbox"/> Emergency (40 votes) <input checked="" type="checkbox"/> Fiscal Note |
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5. Makes technical changes. (Sec. 1)