

West's General Laws of Rhode Island Annotated
Title 27. Insurance
Chapter 57.1. Medical Assistance Intercept Act

Gen.Laws 1956, § 27-57.1-1

§ 27-57.1-1. Interception of insurance payments

Currentness

(a) Every domestic insurer or insurance company authorized to issue policies of liability insurance pursuant to this title, and also any workers' compensation insurer, within thirty (30) days prior to the making of any payment equal to or in excess of five hundred dollars (\$500) to any claimant, for third party for personal injury or workers' compensation benefits under a contract of insurance, shall review information provided by the executive office of health and human services pursuant to § 27-57.1-4, indicating whether the claimant has received medical assistance in accordance with chapter 40-8.

(b) If the insurer determines from the information provided by the executive office of health and human services pursuant to § 27-57.1-4 that the claimant or payee has not received medical assistance, the insurer may make the payment to the claimant in accordance with the contract of the insurance.

(c) If the insurer determines from the information provided by the executive office of health and human services pursuant to § 27-57.1-4 that the claimant or payee has received medical assistance, the insurer shall, except to the extent payments are subject to liens, written notices, or interests described in § 27-57.1-3, withhold from payment the amount to the extent of the distribution for medical assistance as a result of the accident or loss, dating back to the date of the incident, pay that amount to the executive office of health and human services and pay the balance to the claimant or other persons entitled to it. The executive office of health and human services shall provide written notice to the claimant and his or her attorney, if any. The notice shall reflect the date, name, social security number, case number, amount of the payment being withheld to reimburse the state, reason for payment and opportunity to request a hearing as provided for in subsection 27-57.1-1(e). Any insurer or insurance company, its directors, agents, and employees and central reporting organizations and their respective employees authorized by an insurer to act on its behalf that releases information in accordance with the provisions of this chapter, or who withholds an amount from payment based upon the latest information supplied by the executive office of health and human services pursuant to § 27-57.1-4 and disburses in accordance with § 27-57.1-3, shall be immune from any liability to the claimant, payee lien holder, payee who provided written notice, or security interest holder. Any withholding from payments in accordance with this chapter and payment made to the executive office of health and human services is further subject to the provisions of § 40-6-9, regarding rights of assignment and subrogation by medical assistance recipients. Said payments to the executive office of health and human services shall be for reimbursement of distributed medical assistance incurred as a result of the accident or loss, dating back to the date of the incident.

(d) Workers' compensation claimants who receive medical assistance, provided in accordance with chapter 40-8, shall be subject to the provisions of this chapter. However, the workers' compensation reimbursement payments made to the executive office of health and human services in accordance with this chapter shall be limited to that set forth in chapter 28-33 and § 40-6-10.

(e) Any claimant aggrieved by any action taken under this section may within thirty (30) days of the mailing of the notice to the claimant in subsection (c) of this section, request a hearing from the executive office of health and human services. Any payments made by an insurer pursuant to this chapter shall be made to the executive office of health and human services, should there be no request for a hearing within thirty (30) days of receipt of notice, or within ten (10) business days of a decision after a hearing and in accordance with the decision of any hearing that takes place as provided for in this subsection.

Credits

[P.L. 2012, ch. 241, art. 11, § 1](#), eff. July 1, 2012.

Gen. Laws, 1956, § 27-57.1-1, RI ST § 27-57.1-1

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Gen.Laws 1956, § 27-57.1-2

§ 27-57.1-2. Notice of interception of insurance settlements

Currentness

In any case where the executive office of health and human services has intercepted an insurance payment, that office shall notify the recipient.

Credits

[P.L. 2012, ch. 241, art. 11, § 1](#), eff. July 1, 2012.

Gen. Laws, 1956, § 27-57.1-2, RI ST § 27-57.1-2

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Gen.Laws 1956, § 27-57.1-3

§ 27-57.1-3. Certain liens not affected

Currentness

Nothing in this chapter affects the validity or priority of liens or written notices of health care providers, attorney fees, holders of security interests, or the assignment of rights under § 40-6-9 or § 40-6-10. Funds subject to liens, written notices, or security interests shall be paid to the lien or interest holder. Funds available to be paid pursuant to chapter 27-57 for the payment of child support shall supersede any payment made pursuant to this chapter.

Credits

P.L. 2012, ch. 241, art. 11, § 1, eff. July 1, 2012.

Gen. Laws, 1956, § 27-57.1-3, RI ST § 27-57.1-3

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Gen.Laws 1956, § 27-57.1-4

§ 27-57.1-4. Information to be provided by the executive office of health and human services

Currentness

(a) The executive office of health and human services shall periodically within each year furnish the insurance companies and insurers subject to this section with a list or compilation of claimants, who have received medical assistance, as a result of the accident or loss which is the basis of the claim and who have been identified and matched through the centralized database provided for in this chapter. The information provided to the insurance companies and insurers shall be the names of individuals, with last known addresses, who as of the date of the list or compilation have received medical assistance in excess of five hundred dollars (\$500).

(b) In order to facilitate the efficient and prompt reporting of those medical assistance recipients in one centralized location, it is the duty and responsibility of the insurance companies doing business in the state to utilize one centralized database, to which the executive office of health and human services shall report and administer. Any insurer receiving information identifying an individual as a medical assistance recipient shall maintain the confidentiality of that information. Minimal data elements shall be shared with an agency contracted by the executive office of health and human services which maintains a centralized database of insurance claims. The contracted centralized database is required to keep confidential any personal and personnel information; records sufficient to identify an applicant for or recipient of medical assistance; preliminary drafts, notes, impressions, memoranda, working papers, and work products; as well as any other records, reports, opinions, information, and statements deemed confidential pursuant to state or federal law or regulation, or rule of court. That data shall not be disclosed to the insurer. Matched results

are returned to the executive office of health and human services through its contracted agency. Proper quality assurance shall be performed by the contracted agency to insure the claim is open and collect additional information from the insurer including but not limited to contact information.

Credits

[P.L. 2012, ch. 241, art. 11, § 1](#), eff. July 1, 2012.

Gen. Laws, 1956, § 27-57.1-4, RI ST § 27-57.1-4

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