

**House File 2142 - Introduced**

HOUSE FILE 2142

BY GJERDE, WILSON, KRESSIG,  
AMOS JR., MATSON,  
BROWN-POWERS, WILBURN, LEVIN,  
SCHOLTEN, WESSEL-KROESCHELL,  
and GOSA

**A BILL FOR**

1 An Act relating to limitations on activities related to paid  
2 claims under the Medicaid program, and including effective  
3 date provisions.

4 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

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1 Section 1. NEW SECTION. **249A.42B Limitations on activities**  
2 **related to paid claims — resubmission.**

3 1. Notwithstanding any provision of law to the contrary, any  
4 post-payment review of Medicaid provider claims paid under either  
5 Medicaid fee-for-service or managed care administration that do  
6 not involve fraud or misrepresentation shall be limited to a  
7 review of only those claims for which no more than twelve months  
8 have elapsed since the date of payment of the claim.

9 2. Additionally, any provider overpayment identified for  
10 which twelve months or more have elapsed since the date of  
11 payment of the claim shall not be subject to repayment or to  
12 offset against future reimbursement of claims by the provider.

13 3. The limitations specified in this section shall not apply  
14 to retroactive Medicaid cost settlements or rate changes based on  
15 a Medicaid or Medicare cost report.

16 4. Any improper payment identified through a review may be  
17 resubmitted by the provider as a claims adjustment.

18 Sec. 2. EFFECTIVE DATE. This Act, being deemed of immediate  
19 importance, takes effect upon enactment.

20 EXPLANATION

21 The inclusion of this explanation does not constitute agreement with  
22 the explanation's substance by the members of the general assembly.

23 This bill relates to the limitations on activities related to  
24 paid claims under the Medicaid program.

25 The bill provides that notwithstanding any provision of law  
26 to the contrary, any post-payment review of Medicaid provider  
27 claims paid under either Medicaid fee-for-service or managed care  
28 administration that do not involve fraud or misrepresentation  
29 shall be limited to a review of only those claims for which no  
30 more than 12 months have elapsed since the date of payment of  
31 the claim. Additionally, any provider overpayment identified for  
32 which 12 months or more have elapsed since the date of payment of  
33 the claim shall not be subject to repayment or to offset against  
34 future reimbursement of claims by the provider. Any improper  
35 payment identified through a review may be resubmitted by the

1 provider as a claims adjustment.

2 The bill takes effect upon enactment.

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