

HB 1971 -- Payment of Health Insurance Claims

Sponsor: Bivins

This bill changes the laws regarding the payment of health insurance claims. In its main provisions, the bill:

- (1) Requires health insurance carriers, including third-party contractors, to send an electronic acknowledgment of the date of receipt within one working day after an electronically filed health care claim is received;
- (2) Increases the period of time, from within 10 working days to within 15 days, that a health insurance carrier or a third-party contractor has to send an electronic notice of the status of a health care claim that notifies the claimant whether the filed claim has any reason which will prevent timely payment or if more information is required. If the claim is properly filed, the carrier must pay or deny the claim;
- (3) Requires a health carrier to notify the health care provider, electronically, within 15 days, upon receiving the requested additional information from the health care provider to pay the claim or make a final request for additional information. If the health care provider submits the additional information, the health carrier must pay or deny, but cannot suspend the claim within 15 days of receiving the additional information;
- (4) Adds a penalty equal to one-fifth of the total claim amount per day on unpaid claims if a carrier has not paid a claimant within 45 processing days of receiving the claim;
- (5) Lowers the amount at which a carrier can combine interest and payments on unpaid claims from \$500 to \$100. Claims that were properly denied prior to the forty-fifth processing day will not be subject to interest or penalties;
- (6) Repeals the current penalty imposed on carriers that do not take required action within the 40 processing days;
- (7) Specifies that a claim for which a carrier has not communicated a specific reason for the denial of payment cannot be considered denied; and
- (8) Changes the requirements a carrier must follow when requesting the documentation and additional information that is necessary to process all of a claim.