SB 82 - AS INTRODUCED

2023 SESSION

23-0988
07/10

SENATE BILL ***82***

AN ACT relative to prompt payments for managed care.

SPONSORS: Sen. Soucy, Dist 18; Sen. Watters, Dist 4; Sen. Gannon, Dist 23; Sen. Whitley, Dist 15; Sen. Rosenwald, Dist 13; Sen. D'Allesandro, Dist 20; Sen. Chandley, Dist 11; Rep. Ebel, Merr. 7; Rep. Tellez, Hills. 40; Rep. J. Murphy, Graf. 12; Rep. Nagel, Belk. 6

COMMITTEE: Health and Human Services

ANALYSIS

This bill furthers the notice requirements for denial or pending claims made by health carriers subject to the managed care law.

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Explanation: Matter added to current law appears in ***bold italics.***
Matter removed from current law appears [~~in brackets and struckthrough.~~]
Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

23-0988
07/10

STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Twenty Three

AN ACT relative to prompt payments for managed care.

Be it Enacted by the Senate and House of Representatives in General Court convened:

1 Managed Care Law; Prompt Payment Required; Notice Requirement. Amend RSA 420-J:8-a, I(b) to read as follows:

(b) When the health carrier is denying or pending the claim, the carrier shall have 15 calendar days upon receipt of an electronic claim or 30 days upon receipt of a non-electronic claim to notify the health care provider or covered person of the reason for denying or pending the claim and what, if any, additional information is required to adjudicate the claim. Upon the health carrier's receipt of the requested additional information, the health carrier shall adjudicate the claim within 45 calendar days. [~~If the required notice is not provided~~] ***If the health carrier either fails to provide required notice or to adjudicate the claim within 45 calendar days of receipt of additional information***, the claim shall be treated as a clean claim and shall be adjudicated pursuant to subparagraph (a)

2 Effective Date. This act shall take effect 60 days after its passage.