Rep. Van Houten, Hills. 45
March 2, 2020
2020-0964h
01/04

Amendment to HB 1484

Amend the bill by replacing all after the enacting clause with the following:

1 Accident and Health Insurance; Retroactive Denials. RSA 415:6-i, II and III are repealed and reenacted to read as follows:

II.(a) No insurer shall impose on any health care provider any retroactive denial of a previously paid claim or any part thereof unless:

(1) The insurer has notified the health care provider at least 15 days in advance of the imposition of any retroactive denial and provided a written statement specifying the basis for any denial; and

(2) The time which has elapsed since the date of payment of the challenged claim does not exceed 6 months. The retroactive denial of a previously paid claim may be permitted beyond 6 months from the date of payment only for the following reasons:

(A) The claim was submitted fraudulently;

(B) The claim payment was incorrect because the health care provider or the insured was already paid for the health care services identified in the claim;

(C) The health care services identified in the claim were not delivered by the health care provider;

(D) The claim payment is the subject of legal action;

(E) The claim payment is the subject of an adjustment with a different insurer, administrator, or payor and such adjustment is not affected by a contractual relationship, association, or affiliation involving claims payment, processing, or pricing; or

(F) The claim payment was for services subject to coordination of benefits with another carrier or under Title XVIII, Title XIX, or Title XXI of the Social Security Act.

(b) In those cases where the retroactive denials relate to coordination of benefits, the carrier shall furnish the provider with the name and address of the entity responsible for the denied claim.

(c) When prior approval for a service or other covered item is granted, a carrier shall not retrospectively deny coverage or payment for the originally approved service unless fraudulent or materially incorrect information was provided at the time prior approval for the services was granted.

III. The health care provider shall have 6 months from the date of notification under this paragraph to determine whether the insured had other appropriate insurance, which was in effect on

the date of service. Notwithstanding the contractual terms between the insurer and provider, the insurer shall allow for the submission of a claim that was previously denied by another insurer due to the insured's transfer or termination of coverage.

2 Effective Date. This act shall take effect January 1, 2021.