A BILL FOR AN ACT

RELATING TO INSURANCE.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

SECTION 1.	Medicaid is	а	state	program	that	provides	
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- 2 health care to certain low-income individuals and families. The
- 3 State sets the criteria for eligibility, determines the services
- 4 that are available, and administers the program. As with all
- 5 states, Hawaii's medicaid program is funded in large part by the
- 6 federal government.
- 7 The legislature finds that medicaid operates in partnership
- 8 with Hawaii's health care providers, as it does not directly
- 9 employ health care practitioners but rather pays health care
- 10 providers for services rendered to medicaid participants.
- 11 Prior to 1994, medicaid paid providers directly on a fee
- 12 for-services basis. In 1994, Hawaii implemented the QUEST
- 13 program to provide health care to many medicaid participants
- 14 through a managed care approach. Under QUEST, the State
- 15 contracts with health care insurance plans to pay each plan a
- 16 capitated amount for each participant. The health plans in turn
- 17 pay the providers that deliver care to medicaid participants.

1 OUEST Expanded Access was implemented to provide care on a managed care basis to the medicaid aged, blind, and disabled 2 3 population. QUEST Integration has expanded managed care to the 4 medicaid population that is non-aged, blind, and disabled. 5 legislature finds that since the implementation of both 6 programs, health care providers have experienced many cases of 7 delayed payments from health care plans contracting with the 8 State. As a result of these delays, many providers have been 9 subject to financial difficulties that impact their long-term ability to deliver quality care. 10 11 Under section 431:13-108, Hawaii Revised Statutes, health 12 plans are required to pay providers on a timely basis when uncontested claims are submitted. Specifically, the law 13 14 requires payments to be made within thirty days for uncontested claims submitted in writing, and within fifteen days for 15 16 uncontested claims submitted electronically. Concurrently, the 17 law contains an exemption for medicaid from requirements for clean claims. As a result, health plans contracted by the State 18 19 under medicaid may delay action on clean claims while health 20 care providers must endure the financial impacts of these 21 delays.

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- 1 However, the department of human services has indicated
- 2 that the exemption of medicaid from the definition of a "clean
- 3 claim" is not necessary.
- 4 The purpose of this Act is to clarify that payment
- 5 timeframes and interest penalties in section 431:13-108, Hawaii
- 6 Revised Statutes, apply to clean claims, and to repeal the
- 7 exemption from the clean claims definition for health plans
- 8 contracting with the State to provide services to medicaid
- 9 enrollees under section 431:13-108, Hawaii Revised Statutes.
- 10 SECTION 2. Chapter 431:13-108, Hawaii Revised Statutes, is
- 11 amended as follows:
- 12 1. By amending subsection (b) to read:
- "(b) Unless shorter payment timeframes are otherwise
- 14 specified in a contract, an entity shall reimburse a clean claim
- 15 or a claim that is not contested or denied not more than thirty
- 16 calendar days after receiving the claim filed in writing, or
- 17 fifteen calendar days after receiving the claim filed
- 18 electronically, as appropriate."
- 19 2. By amending subsection (g) to read:
- 20 "(g) Notwithstanding section 478-2 to the contrary,
- 21 interest shall be allowed at a rate of fifteen per cent a year

1	for money	owed by an entity on payment of a claim exceeding the
2	applicable	e time limitations under this section, as follows:
3	(1)	For an uncontested or clean claim:
4		(A) Filed in writing, interest from the first
5		calendar day after the thirty-day period in
6		subsection (b); or
7		(B) Filed electronically, interest from the first
8		calendar day after the fifteen-day period in
9		subsection (b);
10	(2)	For a contested claim filed in writing:
11		(A) For which notice was provided under subsection
12		(c), interest from the first calendar day thirty
13		days after the date the additional information is
14		received; or
15		(B) For which notice was not provided within the time
16		specified under subsection (c), interest from the
17		first calendar day after the claim is received;
18		or
19	(3)	For a contested claim filed electronically:
20		(A) For which notice was provided under subsection
21		(c), interest from the first calendar day fifteen

1	days after the additional information is
2	received; or
3	(B) For which notice was not provided within the time
4	specified under subsection (c), interest from the
5	first calendar day after the claim is received.
6	The commissioner may suspend the accrual of interest if the
7	commissioner determines that the entity's failure to pay a claim
8	within the applicable time limitations was the result of a major
9	disaster or of an unanticipated major computer system failure."
10	3. By amending the definition of "clean claim" in
11	subsection (1) to read:
12	""Clean claim" [means a claim in which the information in
13	the possession of an entity adequately indicates that]:
14	(1) Means a claim in which the information in the
15	possession of an entity adequately indicates that:
16	$\left[\frac{(1)}{(1)}\right]$ The claim is for a covered health care service
17	provided by an eligible health care provider to a
18	covered person under the contract;
19	[-(2)] (B) The claim has no material defect or impropriety;
20	[-(3)] (C) There is no dispute regarding the amount claimed;
21	and

1	[(4)] <u>(D)</u>	The payer has no reason to believe that the claim
2		was submitted fraudulently[. The term does]; and
3	(2) Does	not include:
4	[(1)] <u>(A)</u>	Claims for payment of expenses incurred during a
5		period of time when premiums were delinquent;
6	[(2)] <u>(B)</u>	Claims that are submitted fraudulently or that
7		are based upon material misrepresentations;
8	[(3)] <u>(C)</u>	Claims [for self insured employer groups; claims]
9		for services rendered to individuals associated
10		with a health care entity through a national
11		participating provider network; or claims for
12		[medicaid,] medicare, medigap, or other federally
13		financed [plan; plans, excluding medicaid; and
14	[-(4)-] · <u>(D)</u>	Claims that require a coordination of benefits,
15		subrogation, or preexisting condition
16		investigations, or that involve third-party
17		liability."
18	SECTION 3	. Statutory material to be repealed is bracketed
19	and stricken.	New statutory material is underscored.
20	SECTION 4	This Act shall take effect on July 1 2016

Report Title:

Health Insurance; Payment

Description:

Requires health insurers to promptly pay clean claims for services and repeals the exemption of medicaid claims from the clean claims definition. (SB2667 HD2)

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