

MAINE STATE LEGISLATURE

The following document is provided by the
LAW AND LEGISLATIVE DIGITAL LIBRARY
at the Maine State Law and Legislative Reference Library
<http://legislature.maine.gov/lawlib>



Reproduced from scanned originals with text recognition applied
(searchable text may contain some errors and/or omissions)

Date 6/8/23

(Filing No H- 398)

HEALTH COVERAGE, INSURANCE AND FINANCIAL SERVICES

Reproduced and distributed under the direction of the Clerk of the House

STATE OF MAINE
HOUSE OF REPRESENTATIVES
131ST LEGISLATURE
FIRST SPECIAL SESSION

COMMITTEE AMENDMENT "A" to H P 792, L D 1244, "An Act Regarding Timely Payment of Undisputed Insurance Claims"

Amend the bill by striking out the title and substituting the following

'An Act to Define Undisputed Health Insurance Claims'

Amend the bill by striking out everything after the enacting clause and inserting the following

'Sec. 1. 24-A MRSA §2436, sub-§2-A, as repealed and replaced by PL 2009, c 613, §9, is amended to read.

2-A. For a claim submitted by a health care provider or health care facility with respect to a health plan carrier as defined in section 4301-A, subsection 7 3, for purposes of this section, "undisputed claim" means a timely claim for payment of covered health care expenses that is must be submitted to a carrier in conformity with the following requirements for standardized claim forms set forth in section 2753

~~A. The claim must be submitted on one of the following claims forms-~~

~~(1) For a health care facility claim submitted on paper, the standard claim form, using standards approved by a national uniform billing committee,~~

~~(2) For a health care provider claim submitted on paper, the standard claim form, using standards approved by a national uniform claim committee, and~~

~~(3) For health care facility and health care provider claims submitted electronically, an electronic form using standards approved by an accredited standards committee of the American National Standards Institute-~~

Sec. 2. 24-A MRSA §2436, sub-§2-B, as enacted by PL 2009, c 613, §10, is amended to read

2-B. If a claim does not conform to the requirements specified in ~~subsection~~ subsections 2-A and 2-C and payment is denied to a health care provider or health care facility by a carrier, the health care provider or health care facility may not request payment

1 from the insured or beneficiary and shall attempt to rectify the deficiencies with the claim
2 and resubmit the claim to the carrier

3 **Sec. 3. 24-A MRSA §2436, sub-§2-C** is enacted to read

4 2-C. For a claim submitted by a health care provider or health care facility with respect
5 to a carrier as defined in section 4301-A, subsection 3, for purposes of this section,
6 "undisputed claim" means a manually or electronically submitted claim from a health care
7 provider or health care facility that

8 A Contains all the required data elements necessary for accurate adjudication without
9 the need for additional information,

10 B Is not materially deficient or improper, including lacking substantiating
11 documentation required by the carrier, and

12 C Has no particular or unusual circumstances requiring special treatment that prevent
13 payment from being made by the carrier '

14 Amend the bill by relettering or renumbering any nonconsecutive Part letter or section
15 number to read consecutively

16 **SUMMARY**

17 This amendment replaces the bill and changes the title The amendment adds a
18 definition of "undisputed claim" as it relates to claims submitted by health care providers
19 and health care facilities to health insurance carriers