

LD 1317, An Act To Regulate Insurance Carrier Concurrent, Prepayment and Postpayment Review

SUMMARY:

The bill, [as amended by the sponsor](#), establishes requirements for carriers performing audits or documentation reviews of claims for payment made by providers for covered health care services. The requirements apply whether the audit or review is performed prior to payment, concurrently with any payment or following any payment made by the carrier.

The bill applies to any claim that has been subjected to prepayment review that has not yet been resolved as of the effective date of this Act and to any claim submitted by a provider subject to audit or review on or after the effective date of this Act.

TESTIMONY: Written testimony can be found at this [link](#)

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ISSUES FOR CONSIDERATION:

1. The sponsor has proposed a [revised amendment](#) to LD 1317 after discussion with proponents and health insurance carrier representatives to address the concerns raised at the hearing.
2. Consider whether Bureau of Insurance should have a role in overseeing disputes between providers and carriers as these are contractual matters?
3. Consider that application date would make provisions apply to any claim that has been subjected to prepayment review that has not yet been resolved as of the effective date of this Act and to any claim submitted by a provider subject to audit or review on or after the effective date of this Act? As a general rule, legislation applies prospectively. The legislative intent must be clear if retroactive application is directed.

FISCAL INFORMATION:

Not yet determined; Bureau of Insurance's testimony on bill indicated potential for fiscal impact depending on role required of Bureau of Insurance