1	State of Arkansas	As Engrossed: H4/1/99	
2	82nd General Assembly	A Bill	
3	Regular Session, 1999		HOUSE BILL 2098
4			
5	By: Representative Green		
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7			
8	For An Act To Be Entitled		
9	"AN ACT TO PROVIDE THAT HEALTH CARRIERS IN THIS STATE		
10	SHALL MAKE PROMPT PAYMENT FOR ALL COVERED SERVICES;		
11	AND FOR OTHER PURPOSES."		
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14	"AN ACT TO PROVIDE THAT HEALTH CARRIERS		
15	IN THIS STATE SHALL MAKE PROMPT PAYMENT		
16	FOR ALL COVERED SERVICES; AND FOR OTHER		
17	PURPOS	ES. "	
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20	BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:		
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22	SECTION 1. <u>Definitions: For purposes of this act:</u>		
23	(1) "Clean claim" means a claim for which there is not a good-faith		
24	dispute regarding the legitimacy of the claim or the appropriate amount of		
25	<u>reimbursement;</u> and		
26	(2) "Health carrier" means insurance companies, health maintenance		
27	organizations, self-funded or self-insured plans, and any other entity that		
28	issues or delivers a policy, contract, or plan which provides, reimburses, or		
29	pays for health care services. For purposes of this act, a health carrier		
30	includes any entity that pays or administers claims on behalf of a health		
31	<u>carri er.</u>		
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33	SECTION 2. <u>Prompt payment of claims.</u>		
34	All health carriers in this state shall comply with the following		
35	provisions when presented by a provider with a claim for payment:		
36	(1) All claims st	hall be paid within thirty (30) calendar davs after

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receipt. A carrier that has violated this section shall pay interest beginning
with the thirty-first (31st) day on the amount of the claim which remains
unpaid after thirty (30) calendar days following the receipt of the claim. The
interest shall be at the rate of twelve percent (12%) per annum or the maximum
lawful rate under Arkansas law, whichever is the lesser.

- (2) Subdivision (1) does not apply to bills that are not clean claims if the carrier:
- 8 (A) Notifies the provider in writing within fifteen (15) calendar
 9 days after receipt of the claim that the legitimacy of the claim or the
 10 appropriate amount of reimbursement is in dispute;
- 11 (B) Supplies in writing to the provider the specific reasons why
 12 the legitimacy of the claim, or a portion of the claim, or the appropriate
 13 amount of the reimbursement is in dispute, and makes a good-faith effort to
 14 resolve the dispute. Any reason detectable at the time the claim is submitted
 15 must be included in the original notification to the provider;
- 16 <u>(C) Pays any undisputed portion of the claim within thirty (30)</u>
 17 <u>calendar days after receipt of the claim; and</u>
 - (D) Pays the disputed claim or disputed portion within thirty (30) calendar days after receipt of the requested information.

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SECTION 3. Enforcement.

If a health carrier fails to pay a claim within the time periods provided in this act, the provider may file a complaint with the Insurance Commissioner, which shall investigate the matter. A health carrier found to have violated the act shall be required to promptly pay the unpaid claim and interest, and a health carrier found to be unreasonably delaying payment beyond ninety (90) calendar days shall be fined five hundred dollars (\$500) per day, not to exceed five thousand dollars (\$5,000) per violation, in addition to the unpaid claim and interest.

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SECTION 4. All provisions of this act of a general and permanent nature are amendatory to the Arkansas Code of 1987 Annotated and the Arkansas Code Revision Commission shall incorporate the same in the Code.

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SECTION 5. If any provision of this act or the application thereof to any person or circumstance is held invalid, such invalidity shall not affect

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other provisions or applications of the act which can be given effect without the invalid provision or application, and to this end the provisions of this act are declared to be severable.

SECTION 6. All laws and parts of laws in conflict with this act are hereby repealed.

7 /s/ Green