

HB 472 - AS INTRODUCED

2021 SESSION

21-0633

05/06

HOUSE BILL                    **472**

AN ACT                    relative to retroactive denials of previously paid claims.

SPONSORS:            Rep. Van Houten, Hills. 45; Rep. Abrami, Rock. 19; Rep. Luneau, Merr. 10; Rep. Ellis, Straf. 8; Rep. McBeath, Rock. 26; Sen. Reagan, Dist 17

COMMITTEE:          Commerce and Consumer Affairs

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ANALYSIS

This bill clarifies the law regarding retroactive denials of previously paid claims under accident and health insurance.

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Explanation:          Matter added to current law appears in ***bold italics***.  
                         Matter removed from current law appears ~~[in brackets and struckthrough]~~  
                         Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

STATE OF NEW HAMPSHIRE

*In the Year of Our Lord Two Thousand Twenty One*

AN ACT                      relative to retroactive denials of previously paid claims.

*Be it Enacted by the Senate and House of Representatives in General Court convened:*

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 RSA 415:6-i, II and III are repealed and  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

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

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

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

11                      (A) The claim was submitted fraudulently;

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

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

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

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

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

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

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

29            III. The health care provider shall have 6 months from the date of notification under this  
30 paragraph to determine whether the insured had other appropriate insurance, which was in effect on  
31 the date of service. Notwithstanding the contractual terms between the insurer and provider, the

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- 1 insurer shall allow for the submission of a claim that was previously denied by another insurer due
- 2 to the insured's transfer or termination of coverage.
- 3       2 Effective Date. This act shall take effect January 1, 2022.