

LEGISLATURE OF NEBRASKA

ONE HUNDRED FIRST LEGISLATURE

SECOND SESSION

LEGISLATIVE BILL 921

Introduced by Campbell, 25.

Read first time January 13, 2010

Committee: Health and Human Services

A BILL

1 FOR AN ACT relating to the Medical Assistance Act; to amend
2 section 68-901, Reissue Revised Statutes of Nebraska; to
3 provide for payment of claims as prescribed; to harmonize
4 provisions; and to repeal the original section.

5 Be it enacted by the people of the State of Nebraska,

1 Section 1. Section 68-901, Reissue Revised Statutes of
2 Nebraska, is amended to read:

3 68-901 Sections 68-901 to 68-967 and section 2 of this
4 act shall be known and may be cited as the Medical Assistance Act.

5 Sec. 2. (1) A clean claim for payment for health care
6 or related services under the medical assistance program shall
7 be paid, denied, or settled within forty-five calendar days after
8 receipt.

9 (2) If the resolution of a claim requires additional
10 information, the department shall, within thirty calendar days
11 after receipt of the claim, give the provider a full explanation
12 in writing of what additional information is needed to resolve
13 the claim, including any additional medical or other information
14 related to the claim. The applicable time period set forth
15 in subsection (1) of this section shall be tolled as of the
16 date the additional information is requested until the date all
17 such additional information necessary to resolve the claim is
18 received. The provider receiving a request for such additional
19 information shall submit all additional information requested by
20 the department within thirty calendar days after receipt of such
21 request. After such provider has submitted all such additional
22 information necessary to resolve the claim, the claim shall be
23 paid, denied, or settled by the department within the remaining
24 applicable time period set forth in subsection (1) of this section.
25 Failure to furnish additional information within the time period

1 required shall not invalidate the claim or reduce the amount of the
2 claim if it was not reasonably possible to give such information
3 within such time period. The department may deny a claim if a
4 health care provider receives a request for additional information
5 and fails to submit additional information requested under this
6 subsection.

7 (3) For purposes of this section, clean claim means
8 a claim that is submitted by a provider on a claim form with
9 all required fields completed with information to adjudicate
10 the claim in accordance with any published filing requirements
11 of the department. Clean claim does not include a claim: (a)
12 For which the department needs additional information in order
13 to resolve one or more issues concerning coverage, eligibility,
14 coordination of benefits, investigation of preexisting conditions,
15 subrogation, determination of medical necessity, or the use of
16 unlisted procedural codes; or (b) for which the department has a
17 reasonable belief supported by specific information that the claim
18 has been submitted fraudulently.

19 Sec. 3. Original section 68-901, Reissue Revised Statutes
20 of Nebraska, is repealed.