

March 31, 2003

S 607. MNGD CARE/HEALTH BENEFITS CLARIFYING CHANGES. TO AMEND THE PROMPT PAY LAW TO CLARIFY THAT A "CLAIMANT" UNDER THE LAW INCLUDES "AN INSURED"; THAT THIRTY DAYS REFERENCES ARE TO THIRTY "CALENDAR" DAYS; THAT THE NINETY-DAY DEADLINE FOR RESPONDING TO ADDITIONAL INFORMATION REQUESTS FROM AN INSURER ONLY APPLIES TO CLAIMS NOT ALREADY DENIED; TO REQUIRE, UNDER THE PROMPT PAY LAWS, A STATUS REPORT WHEN CLAIMS ARE NOT PAID OR DENIED WITHIN SIXTY DAYS EVEN WHEN THE INSURER IS AWAITING INFORMATION REQUESTED FROM THE CLAIMANT; TO REMOVE FROM THE UNIFORM CREDENTIALING STATUTE AN UNNECESSARY PROVISION; AND TO AMEND UTILIZATION REVIEW LAWS TO CLARIFY THAT A SECOND-LEVEL GRIEVANCE REVIEW PANEL MAY CONSIST OF ONE OR MORE PERSONS. Amends GS 58-3-225 as title indicates. Amendment to GS 58-3-225(g) (status report required when claims are not paid or denied within 60 days) effective Jan. 1, 2004. Remainder of act is effective when it becomes law.

Intro. by Purcell.

Ref. to Commerce	GS 58
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