



## Consumer Alert

Nebraska Department of Insurance  
402-471-2201 ~ Toll-free Consumer Hotline 1-877-564-7323  
[www.doi.ne.gov](http://www.doi.ne.gov)

### Health Care Prompt Payment Act

The 2005 session of the Nebraska Legislature passed LB 389, the Health Care Prompt Payment Act, codified at Neb.Rev.Stat. §§44-8001 through 44-8010. The Act sets standards for the prompt payment of claims to health care providers by insurers.

Under the Health Care Prompt Payment Act, insurers must pay interest on clean claims that are not paid within the time limits set forth under the law. An insurer is exempt from this requirement, if the insurer has filed a valid "prompt payment act compliance statement" with the Nebraska Department of Insurance by December 1<sup>st</sup> of each year. A list of insurers with prompt payment act compliance statements on file is available on our website.

A clean claim is a claim for payment of health care services that is submitted by a Nebraska health care provider to an insurer on a fully completed claim form. If additional information is needed to resolve issues concerning coverage, eligibility, coordination of benefits, investigation of preexisting conditions, subrogation, determination of medical necessity, or the use of unlisted procedural codes, the applicable time period is tolled until the information is received.

The Act requires that clean claims shall be paid, denied, or settled within thirty calendar days after receipt by the insurer if submitted electronically and within forty-five calendar days after receipt if submitted in a form other than electronically. If an insurer fails to pay a clean claim within the prescribed time period, a health care provider may submit a Prompt Payment Report electronically via our website at [www.doi.ne.gov](http://www.doi.ne.gov).

The Health Care Prompt Payment Act applies to claims submitted after January 1, 2006. The Act does not pertain to self-insured plans, or to individual or group policies that provide coverage for a specific disease, accident-only coverage, hospital indemnity coverage, disability income coverage, Medicare supplement coverage, long-term care coverage, or other limited-benefit coverage.