



HOUSE COMMERCE AND CONSUMER AFFAIRS COMMITTEE

January 30, 2019

HB 725 – Including Medicaid Care Organizations Under the Managed Contractor Requirements for Provider Care Law

Testimony

Good morning, Mr. Chairman and members of the committee. My name is Paula Minnehan, VP, State Government Relations with the New Hampshire Hospital Association (NHHA), representing all 26 of the state's community hospitals as well as all specialty hospitals.

The NHHA is supportive of intent of HB 725 as NHHA requested that the sponsor file this bill to address two specific concerns our members had regarding policies of the Medicaid Managed Care plans: provider credentialing and prompt payment of claims. We hope to achieve the goal of aligning the processes of the Medicaid Managed Care Organizations (MCOs) with the group health insurance carriers.

Hospitals have historically had challenges with Medicaid MCOs not following consistent processes regarding the credentialing of new providers and with lack of prompt payment for claims. Our hospitals (and other providers) have not been able to consistently negotiate with the Medicaid MCOs to align the carriers' policies on these two important provider reimbursement provisions. Consequently, hospitals and other providers have not been paid either timely due to lack of prompt payment provisions or, in some cases not at all, while the credentialing process is delayed with the Medicaid MCO.

I would like to point out that this bill will need to be amended because of a drafting error. The wrong provision in the statute has been referenced in the bill and only recently discovered this issue. We request that you hold on to this bill to allow for the stakeholders to work with the sponsors to draft an appropriate amendment. Thank you for the opportunity to provide our comments. I am happy to answer any questions.