



SENATE COMMERCE COMMITTEE

April 30, 2019

HB 725 – Relative to Certain Standards for Managed Care Organizations

Testimony

Good afternoon, Mr. Chairman and members of the committee. My name is Paula Minnehan, Senior 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 supports HB 725, as amended. 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 contract provisions outlined in their agreements with the Department of Health and Human Services.

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.

The bill was amended to align with the language in the MCO contracts recently approved by the Governor and Council and executed between the parties. We do believe this bill is necessary to ensure that the providers are able to rely on a statute to provide the necessary reassurances that these provisions are adhered to.

We support HB 725 and ask that you vote ought to pass. Thank you for the opportunity to provide our comments. I am happy to answer any questions.