

Fifty-ninth
Legislative Assembly
of North Dakota

ENGROSSED HOUSE BILL NO. 1206

Introduced by

Representatives Porter, Devlin, Price

Senators Dever, J. Lee

1 A BILL for an Act to create and enact a new section to chapter 50-24.1 of the North Dakota
2 Century Code, relating to provider appeals of medical assistance reimbursement denials.

3 **BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:**

4 **SECTION 1.** A new section to chapter 50-24.1 of the North Dakota Century Code is
5 created and enacted as follows:

6 **Provider appeals - Definitions.**

7 1. For purposes of this section:

8 a. "Denial of payment" means that the department has denied payment for a
9 medical assistance claim or reduced the level of service payment for a
10 service provided to an individual who was an eligible medical assistance
11 recipient at the time the service was provided.

12 b. "Department" means the department of human services.

13 c. "Provider" means an individual, entity, or facility that furnishes medical or
14 remedial services or supplies pursuant to a provider agreement with the
15 department.

16 2. A provider may request a review of denial of payment under this section by filing
17 within thirty days of the date of the department's denial of the claim a written notice
18 with the department which includes a statement of each disputed item and the
19 reason or basis for the dispute. A provider may not request review under this
20 section of the rate paid for a particular service.

21 3. Within thirty days after requesting a review, a provider shall provide to the
22 department all documents, written statements, exhibits and other written
23 information that support the provider's request for review, together with a

- 1 computation and the dollar amount that reflects the provider's claim as to the
2 correct computation and dollar amount for each disputed item.
- 3 4. The department shall assign to a provider's request for review someone other than
4 any individual who was involved in the initial denial of the claim. A provider who
5 has requested review may contact the department for an informal conference
6 regarding the review anytime before the department has issued its final decision.
- 7 5. The department shall make and issue its final decision within seventy-five days of
8 receipt of the notice of request for review. A provider may appeal the final decision
9 of the department to the district court in the manner provided in section 28-32-42.
10 The judgment of the district court in an appeal from a request for review may be
11 reviewed in the supreme court on appeal by any party in the same manner as
12 provided in section 28-32-49.
- 13 6. Upon receipt of notice that the provider has appealed its final decision to the
14 district court, the department shall make a record of all documents, written
15 statements, exhibits and other written information submitted by the provider or the
16 department in connection with the request for review and the department's final
17 decision on review, which constitutes the entire record. Within thirty days after an
18 appeal has been taken to district court as provided in this section, the department
19 shall prepare and file in the office of the clerk of the district court in which the
20 appeal is pending the original and a certified copy of the entire record, and that
21 record must be treated as the record on appeal for purposes of section 28-32-44.