



Health Insurance Bulletin

Number 2008-6

Exemption From Annual Prompt Processing Report

In 2006, the Office of the Health Insurance Commissioner (OHIC) issued a regulation to clarify Rhode Island's prompt processing statutes.¹ The prompt processing statutes cover all health insurers, health plans, dental plans, nonprofit hospital and medical service corporations, nonprofit dental service corporations, health maintenance organizations, licensed third party administrators and contractors operating in Rhode Island. The regulation requires, among other things, that all such entities submit monthly reports if they process, on average, 10,000 or more claims per month or an annual report if they process, on average, fewer than 10,000 claims per month.

Certain entities subject to the prompt processing statutes process only a few hundred claims a year. Requiring an annual report from such entities may constitute an unreasonable administrative burden. For such entities, OHIC will waive the annual reporting requirement, commencing immediately, if:

- (1) The entity processed fewer than 1000 claims subject to Rhode Island's prompt processing statutes in the previous calendar year; and
- (2) The entity notifies OHIC in writing that the entity intends to invoke the reporting exception described in this bulletin.

¹ OHIC Regulation 7: Prompt Processing of Claims, available at http://www.ohic.ri.gov/documents/Providers/Monitoring_Insurers/Regulation_7_Prompt_Processing_of_Claims/Regulation_7_Prompt_Processing_of_Claims.pdf.

An entity that invokes the reporting exception remains subject to all other requirements set out in the prompt processing statutes and OHIC Regulation 7. An entity that wishes to invoke the reporting exemption should provide written notice to OHIC at the following address:

Office of the Health Insurance Commissioner
Attn.: Executive Assistant for Program and Policy Review
1511 Pontiac Ave Bldg 69-1
Cranston, RI 02920

An entity must only file this notice once. If, however, an entity chooses to invoke the reporting exception, but in a subsequent year processes more than 1000 claims, it must resume filing an annual report.

Christopher F. Koller
Health Insurance Commissioner
December 4, 2008