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S.B. 162
136th General Assembly

Bill Analysis

Version: As Introduced

Primary Sponsor: Sen. Blessing

Austin C. Strohacker, Attorney

SUMMARY

- Changes, from two years to a period dependent upon the contract terms, the period governing when:
 - A payment by a health insurance company to a health care provider is considered final; and
 - Overpayment recovery against a provider must be initiated.
- Prohibits a health insurance company from changing its payment, audit, or review timelines during the contract period.
- Prohibits a health insurance company charging a health care provider for appealing an overcharge determination.

DETAILED ANALYSIS

The bill provides that a payment on a health care provider claim is final when the number of days since the payment was made equals the number of days the health insurance company grants for filing provider claims. For example, if a company grants nine months for providers to file claims, the claim payment made to the provider is not considered final until nine months after it is paid. The bill also prohibits a company from changing its payment, audit, or review timelines during the contract period.¹

The bill permits a company to recover any overpayment made to a provider if the recovery process was initiated within the same time period described above. The bill also prohibits a

¹ R.C. 3901.388(A).

company from charging the provider a fee for an appeal of the company's overpayment determination.²

Under current law, a payment by a health insurance company to a health care provider is considered final, and the period of overpayment recovery is not later than, two years after the payment is made. Further, no limitation exists in current law preventing the company from (1) changing its payment, audit, or review timelines during a contract period, or (2) charging a provider a fee for appealing the overpayment determination.³

HISTORY

Action	Date
Introduced	04-01-25

ANSB0162IN-136/sb

² R.C. 3901.388(B).

³ R.C. 3901.388(A) and (B).