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TO: All Insurers Issuing Payment of Benefits under a Health Benefit Plan

FROM: Ralph T. Hudgens
Insurance & Safety Fire Commissioner

DATE: April 19, 2013

RE: Quarterly Submission of Claims Data under Revised Prompt Pay Law

Under the provisions of HB 167, which became effective in January of this year, all insurers, as defined in O.C.G.A. §§ 33-24-59.5(a)(3) and 33-24-59.14(a)(6), are subject to the provisions in O.C.G.A. §§ 33-24-59.5 and 33-24-59.14, which require the timely payment or denial of all claims under a health benefit plan. However, as a result of ongoing litigation, the enforcement of that law against insurers and administrators of ERISA-regulated self-funded plans has been enjoined.

Nonetheless, each entity subject to the law should report its claims payment data, for business segments not affected by the injunction, to the Department. An electronic data file shall be submitted for each three month period ending March 31, June 30, September 30, and December 31. Such claims payment data shall be submitted no later than 45 days after the close of the relevant period, and the data will be analyzed at the submitting entity's expense.

Please go to the following web address to download the electronic data file and receive additional instructions:

<http://www.oci.ga.gov/Insurers/promptpay.aspx>

Should you have any questions regarding this Directive, please contact the office of the Commissioner of Insurance, Insurance and Financial Oversight Division, Suite 602, West Tower, Floyd Building, 2 Martin Luther King, Jr. Drive, Atlanta, Georgia 30334, (404) 657-7277



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