

BY: Finance Committee

AMENDMENTS TO SENATE BILL NO. 274

(First Reading File Bill)

AMENDMENT NO. 1

On page 1, strike beginning with "authorizing" in line 7 down through "action;" in line 10 and substitute "providing that certain provisions of law related to the retroactive denial of reimbursement to a health care provider do not apply to adjustments to reimbursements made as part of an annual contracted reconciliation of a risk sharing arrangement under an administrative service provider contract;".

On page 2, after line 18, insert:

"(B) THIS SECTION DOES NOT APPLY TO AN ADJUSTMENT TO REIMBURSEMENT MADE AS PART OF AN ANNUAL CONTRACTED RECONCILIATION OF A RISK SHARING ARRANGEMENT UNDER AN ADMINISTRATIVE SERVICE PROVIDER CONTRACT.";

in lines 19 and 34, strike "(b)" and "(c)", respectively, and substitute "(C)" and "(D)", respectively; and in lines 34 and 35, strike "(d)" and "(b)", respectively, and substitute "(E)" and "(C)", respectively.

On page 3, in lines 3 and 19, strike "(d)" and "(e)", respectively, and substitute "(E)" and "(F)", respectively; in line 3, strike "(b)(1)" and substitute "(C)(1)"; and in line 20, strike "(b)(1)(i)" and substitute "(C)(1)(I)".

AMENDMENT NO. 2

On page 3, in line 3, after "if" insert "A CARRIER RETROACTIVELY DENIES REIMBURSEMENT TO A HEALTH CARE PROVIDER BECAUSE"; strike beginning with the first "a" in line 4 down through "because" in line 5; strike beginning with "or" in line 5 down through "and" in line 6 and substitute a semicolon; in line 7, strike "in the case of improper coding," and

(Over)

substitute "THE INFORMATION SUBMITTED TO THE CARRIER WAS IMPROPERLY CODED AND"; and in line 10, after "rendered" insert "; OR

(III) THE CLAIM SUBMITTED TO THE CARRIER WAS A DUPLICATE CLAIM".

AMENDMENT NO. 3

On page 2, in lines 24 and 27, in each instance, strike "the claim submitted by".

On page 3, strike in their entirety lines 25 through 28, inclusive.