BY: Finance Committee

AMENDMENTS TO SENATE BILL NO. 465
(First Reading File Bill)

AMENDMENT NO. 1

On page 1, strike beginning with "providing" in line 3 down through "service" in line 7 and substitute "requiring a health maintenance organization, insurer, or nonprofit health service plan to permit a provider a minimum of 6 months to submit a claim for reimbursement; requiring a health maintenance organization, insurer, or nonprofit health service plan to reimburse a provider within a certain time, under certain circumstances, after receiving certain documentation".

AMENDMENT NO. 2

On page 2, strike in their entirety lines 20 through 24, inclusive, and substitute:

"(D) A HEALTH MAINTENANCE ORGANIZATION SHALL PERMIT A PROVIDER A MINIMUM OF 6 MONTHS FROM THE DATE A COVERED SERVICE IS RENDERED TO SUBMIT A CLAIM FOR REIMBURSEMENT FOR THE SERVICE.

(E) (1) IF A HEALTH MAINTENANCE ORGANIZATION NOTIFIES A PROVIDER THAT ADDITIONAL DOCUMENTATION IS NECESSARY TO ADJUDICATE A CLAIM, THE HEALTH MAINTENANCE ORGANIZATION SHALL REIMBURSE THE PROVIDER FOR COVERED SERVICES WITHIN 30 DAYS AFTER RECEIPT OF ALL REASONABLE AND NECESSARY DOCUMENTATION.

(2) IF A HEALTH MAINTENANCE ORGANIZATION FAILS TO COMPLY WITH THE REQUIREMENTS OF PARAGRAPH (1) OF THIS SUBSECTION, THE HEALTH MAINTENANCE ORGANIZATION SHALL PAY INTEREST IN ACCORDANCE WITH THE REQUIREMENTS OF SUBSECTION (B) OF THIS SECTION.".

AMENDMENT NO. 3

On page 3, strike in their entirety lines 5 through 9, inclusive, and substitute:

(Over)

"(D) AN INSURER OR A NONPROFIT HEALTH SERVICE PLAN SHALL PERMIT A PROVIDER A MINIMUM OF 6 MONTHS FROM THE DATE A COVERED SERVICE IS RENDERED TO SUBMIT A CLAIM FOR REIMBURSEMENT FOR THE SERVICE.

(E) (1) IF AN INSURER OR NONPROFIT HEALTH SERVICE PLAN NOTIFIES A PROVIDER THAT ADDITIONAL DOCUMENTATION IS NECESSARY TO ADJUDICATE A CLAIM, THE INSURER OR NONPROFIT HEALTH SERVICE PLAN SHALL REIMBURSE THE PROVIDER FOR COVERED SERVICES WITHIN 30 DAYS AFTER RECEIPT OF ALL REASONABLE AND NECESSARY DOCUMENTATION.

(2) IF AN INSURER OR NONPROFIT HEALTH SERVICE PLAN FAILS TO COMPLY WITH THE REQUIREMENTS OF PARAGRAPH (1) OF THIS SUBSECTION, THE INSURER OR NONPROFIT HEALTH SERVICE PLAN SHALL PAY INTEREST IN ACCORDANCE WITH THE REQUIREMENTS OF SUBSECTION (F) OF THIS SECTION.";

and in line 10, strike "(E)" and substitute "(F)".