COMMITTEE/SUBCOMMITTEE AMENDMENT

Bill No. HB 553 (2013)

Amendment No. 1

COMMITTEE/SUBCOMMITTEE	ACTION
ADOPTED	(Y/N)
ADOPTED AS AMENDED	(Y/N)
ADOPTED W/O OBJECTION	(Y/N)
FAILED TO ADOPT	(Y/N)
WITHDRAWN	(Y/N)
OTHER	

Committee/Subcommittee hearing bill: Insurance & Banking

Subcommittee

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Representative Hager offered the following:

Amendment

Remove lines 312-344 and insert:

7 (a) Any health care provider, carrier, or employer who 8 elects to contest the disallowance or adjustment of payment by a 9 carrier under subsection (6) must, within 45 30 days after receipt of notice of disallowance or adjustment of payment, 10 11 petition the department to resolve the dispute. The petitioner must serve a copy of the petition on the carrier and on all 12 affected parties by certified mail. The petition must be 13 accompanied by all documents and records that support the 14 allegations contained in the petition. Failure of a petitioner 15 16 to submit such documentation to the department results in 17 dismissal of the petition.

(b) The carrier must submit to the department within <u>30</u> 10 days after receipt of the petition all documentation substantiating the carrier's disallowance or adjustment. Failure 868735 - h553-line 312.docx Published On: 2/18/2013 6:30:34 PM Page 1 of 2

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of the carrier to timely submit <u>such</u> the requested documentation to the department within <u>30</u> 10 days constitutes a waiver of all objections to the petition.

24 (c) Within 120 60 days after receipt of all documentation, 25 the department must provide to the petitioner, the carrier, and 26 the affected parties a written determination of whether the 27 carrier properly adjusted or disallowed payment. The department 28 must be guided by standards and policies set forth in this 29 chapter, including all applicable reimbursement schedules, 30 practice parameters, and protocols of treatment, in rendering 31 its determination.

32 (d) If the department finds an improper disallowance or 33 improper adjustment of payment by an insurer, the insurer shall 34 reimburse the health care provider, facility, insurer, or 35 employer within 30 days, subject to the penalties provided in 36 this subsection.

37 (e) The department shall adopt rules to carry out this
38 subsection. The rules may include provisions for consolidating
39 petitions filed by a petitioner and

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