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**HOUSE COMMITTEE AMENDMENTS**

2017 Regular Session

Amendments proposed by House Committee on Health and Welfare to Original House Bill  
No. 492 by Representative Magee

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1 AMENDMENT NO. 12 On page 3, line 11, delete "its" and insert in lieu thereof "any"3 AMENDMENT NO. 24 On page 5, line 24, delete "the" and insert in lieu thereof "a"5 AMENDMENT NO. 36 On page 6, line 10, delete "three hundred sixty-five" and insert in lieu thereof "one hundred  
7 eighty"8 AMENDMENT NO. 4

9 On page 6, delete lines 12 through 14 and insert in lieu thereof the following:

10 "(a) The date on which the managed care organization transmits remittance  
11 advice or other notice electronically, or the date of postmark if the remittance advice  
12 or other notice is provided in a nonelectronic format."13 AMENDMENT NO. 514 On page 6, line 25, delete "thirty" and insert in lieu thereof "forty-five"15 AMENDMENT NO. 616 On page 9, line 17, after "was" and before "denied" insert "originally"17 AMENDMENT NO. 718 On page 10, at the end of line 13, insert a comma "," and "within ten days of the date of the  
19 decision of the independent reviewer,"20 AMENDMENT NO. 821 On page 10, at the beginning of line 16, insert "If the provider fails to submit payment for  
22 the independent review within ten days from the date of the decision, the managed care  
23 organization may withhold future payments to the provider in an amount equal to the cost  
24 of the independent review; however, the managed care organization shall ensure that such  
25 a withholding is clearly delineated on the remittance advice."26 AMENDMENT NO. 927 On page 11, line 20, after "of" and before "twenty-five" insert "up to"28 AMENDMENT NO. 1029 On page 11, line 21, after "violation." delete the remainder of the line and delete lines 22  
30 through 24 and insert in lieu thereof the following:

1 "In addition, if a managed care organization is subject to more than fifty independent  
2 reviews and the percentage of adverse determinations overturned in favor of  
3 providers is greater than twenty-five percent, the managed care organization may be  
4 subject to a penalty of up to twenty-five thousand dollars per occurrence over the  
5 twenty-five percent threshold."