

HOUSE COMMITTEE AMENDMENTS

2025 Regular Session

Amendments proposed by House Committee on Health and Welfare to Original House Bill No. 565 by Representative Spell

AMENDMENT NO. 1

On page 1, line 10, delete "A" and insert "Unless the secretary of the department promulgates a rule in accordance with this Subsection, a"

AMENDMENT NO. 2

On page 1, delete lines 12 and 13 in their entirety and insert "adjusting, down-coding, or paying a claim at a lower level of service than what was submitted by the"

AMENDMENT NO. 3

On page 1, line 14, after "healthcare provider." and before "Any violation" insert the following:

"However, this Section shall not prohibit a managed care organization from conducting required post-payment reviews and audits, and taking action as a result of such reviews and audits."

AMENDMENT NO. 4

On page 1, at the end of line 17, insert the following:

"The department may promulgate rules in accordance with the Administrative Procedure Act that authorize a statewide policy for managed care organizations to adjudicate payment of claims in a manner that would otherwise violate Subsection I of this Section. Such rule shall become effective only upon the approval of the Senate Committee on Health and Welfare and the House Committee on Health and Welfare, meeting separately or jointly."

AMENDMENT NO. 5

On page 1, delete lines 20 and 21 in their entirety, and insert in lieu thereof the following:

"A. The department shall provide all known information about any health insurer or other third party that is legally liable for payment of all or part of a claim for healthcare services furnished under the Medicaid state plan to an"

AMENDMENT NO. 6

On page 2, delete line 1 in its entirety

AMENDMENT NO. 7

On page 2, line 4, change "five" to "two"

AMENDMENT NO. 8

On page 2, delete lines 5 through 18 in their entirety, and insert in lieu thereof the following:

"organization verifies or has knowledge of the existence of any health insurer or other third party that is legally liable for payment of all or part of a claim

1 for healthcare services furnished under the Medicaid state plan to an enrollee
2 when the health insurer or other liable third party is not reflected on the
3 Medicaid Eligibility Verification System, The notification shall include, at
4 a minimum, all of the following information about the health insurer or other
5 liable third party:
6 (a) The name, address, and phone number of the health insurer or
7 other liable third party.
8 (b) The policyholder information, including the policyholder name,
9 policy number, and group number.
10 (c) The scope of coverage, if the scope of coverage is limited.
11 (d) The effective date of coverage.
12 (e) Any other information required by the department.
13 (2) The department may promulgate rules or may include requirements in the
14 Medicaid managed care organization manual as are necessary for the
15 implementation of this Section.
16 (3) The department shall cause the information contained in the notification
17 to be reflected in the Medicaid Eligibility Verification System no later than
18 three business days from receiving a notice pursuant to this Subsection."

19 AMENDMENT NO. 9

20 On page 3, delete lines 11 and 12 in their entirety and insert in lieu thereof the following:
21 "(2) The name, address, and phone number of the health insurer or other
22 liable third party."

23 AMENDMENT NO. 10

24 On page 3, delete lines 15 through 28 in their entirety and insert in lieu thereof the following:
25 "(4) The effective date of coverage.
26 (5) The scope of coverage, if the scope of coverage is limited."

27 AMENDMENT NO. 11

28 On page 4, delete lines 1 through 6, in their entirety

29 AMENDMENT NO. 12

30 On page 4, line 7, change "F." to "E."