

March 24, 2015

PROPOSED AMENDMENTS TO HOUSE BILL NO. 1475

Page 2, line 9, after "network" insert "coverage"

Page 3, line 4, replace "violated the terms" with "breached a material term"

Page 3, line 5, after the first "contract" insert "or violated a material provision of this chapter which has not been remedied within thirty-one days of the determination"

Page 3, line 5, after "in" insert "either a"

Page 3, line 5, remove "which is effective one"

Page 3, remove line 6

Page 3, line 7, replace "and is not appealable" with "or will result in a decrease of three percent of the monthly premium for each insured contract for each month the breach or violation continues; a provision that the board has discretion to determine which remedy under this provision will be pursued; and a provision that the board's determination under this provision is final and not appealable. The provisions under this subdivision are in addition to any other remedies that may be available in the case of breach of the contract or violation of the law"

Page 3, line 8, after "2." insert "a."

Page 3, after line 14, insert:

- "b. If any of the information provided by the board to the legislative management is a confidential record, the board shall inform the legislative management of the confidential nature of any such record.
- c. If the legislative management discusses any of the confidential information received under this subsection, the discussion must be held in an executive session."

Page 3, line 24, replace "The" with "That except as necessary for treatment, payment, and operations, the"

Page 3, line 26, replace "a" with "an identified"

Page 3, line 27, after "or" insert "an identified"

Page 3, line 27, after the underscored period insert "This paragraph limits a carrier's ability to market providers but does not limit a carrier's ability to market services."

Page 3, line 31, remove "annually"

Page 4, line 1, replace "the insurance commissioner shall review" with "for purposes of"

Page 4, line 2, replace "to ensure the rates" with "with in-state providers:"

- a. For a provider that is a critical access hospital that does not have common ownership with the carrier, the negotiated provider discount rates may not be less than the negotiated provider discount rates"

Page 4, line 2, remove "are"

Page 4, remove line 3

Page 4, line 4, replace "providers" with "that is a critical access hospital."

- b. For a provider that is not a critical access hospital and that does not have common ownership with the carrier, the negotiated provider discount rates may not be less than the negotiated provider discount rates the carrier has with the related health care delivery entity that is not a critical access hospital

Page 4, line 15, remove "May not disrupt existing nor impede future provider relationships with insureds."

Page 4, line 16, remove "c."

Page 4, line 19 replace "state's" with "previous carrier's in-state"

Page 4, line 22, after "the" insert "previous carrier's"

Page 4, line 30, replace "unobstructed access to and choice of" with "right to select any"

Page 4, line 31, replace "providers" with "provider of the insured's choice"

Page 4, line 31, after the underscored period insert:

- "(4) For purposes of this subdivision, the date of measurement of the previous carrier's network coverage is the date the board signs the contract with the new carrier."

Page 5, line 1, replace "d." with "c."

Page 5, line 1, remove "in that"

Page 5, line 2, remove "instance"

Page 5, line 2, remove "would not have been financially liable due to balance billing"

Page 5, line 3, replace "under the previous carrier" with "received preauthorization"

Page 5, line 4, replace "e." with "d."

Page 5, line 4, replace "require" with "limit"

Page 5, line 4, replace "insured" with "insured's right to"

Page 5, line 4, replace "in-state" with "in-network"

Page 5, line 4, replace "or" with ", regardless of whether the provider is in-state or out-of-state and may not require an insured"

Page 5, line 6, replace "f." with "e."

Page 5, line 6, after "approval" insert "or preauthorization"

Page 5, replace lines 9 through 11 with:

- f. As part of a prior approval or preauthorization process, may not direct or redirect an insured to a specified provider or health care delivery entity.

Page 5, line 20, replace "If" with "For the uniform group insurance program health insurance policy beginning July 1, 2015, if"

Page 5, line 21, replace "five percent" with "\$5,000,000"

Page 5, line 21, after "the" insert "accepted bid for the"

Page 5, line 22, replace "as bid" with "for the 2015-17 biennium"

Renumber accordingly