BUSINESS & LABOR
EXHIBIT NO. 8
DATE 2-18-15
BILL NO. SB83

Amendments to Senate Bill No. 83
1st Reading Copy

Requested by Senator Christine Kaufmann

For the Senate Business, Labor, and Economic Affairs Committee

Prepared by Jameson Walker
February 18, 2015 (12:24pm)

1. Title, page 1, line 11.
Following: "AMENDING SECTIONS"
Insert: "33-30-102, 33-31-111,"

2. Page 2, line 29.
Following: "must use" on line 29
Insert: "documented"

3. Page 2, line 30.
Following: "criteria that"
Strike: "have been documented to be"
Insert: "are"

4. Page 3, line 5.
Following: "shall administer"
Insert: "and oversee"

5. Page 3, line 5 through line 6.
Following: "program" on line 5
Strike: "and oversee" on line 5 through "determinations" on line 6

6. Page 3, line 9.
Following: "fails to"
Strike: "strictly"

7. Page 3, line 12 through line 14.
Following: "subsection (5)(b)" on line 12
Strike: "," on line 12 through "minor" on line 14

8. Page 3, line 16.
Following: "sections"
Strike: "10"
Insert: "17"

9. Page 3, line 19.
Following: line 19
Insert: "(6)(a) [Section 5 or 6] may not be considered exhausted based on a de minimis violation that does not cause and is not likely to cause prejudice or harm to the covered person,

as long as the health insurance issuer demonstrates that the violation was for good cause or was due to matters beyond the control of the health insurance issuer and that the violation occurred in the context of an ongoing, good faith exchange of information between the health insurance issuer and the covered person or, if applicable, the covered person's authorized representative.

(b) The exception provided in subsection (6)(a) does not apply if the violation is part of a pattern or practice of violations by the health insurance issuer."

Renumber: subsequent subsections

10. Page 6, line 13.
Following: "grievance"
Insert: "requesting a review of the adverse determination pursuant to [sections 10 through 31]"

11. Page 6, line 14.
Strike: "(ii)" through ";"
Renumber: subsequent subsections

12. Page 6, line 19.
Strike: "31"
Insert: "16"

13. Page 7, line 11.
Following: "The date"
Strike: "of the original request"
Insert: "the request is received by the health insurance issuer"

14. Page 7, line 12.
Following: "counted"
Strike: ","

15. Page 7, line 28.
Following: "health care provider,"
Insert: "and"

16. Page 7, line 28 through line 29.
Following: "the claim amount"
Strike: "," on line 28 through "meaning" on line 29

17. Page 7, line 30.
Following: line 29
Insert: "(b) a statement describing the availability, upon request, of the diagnosis code and its corresponding meaning and the treatment code and its corresponding meaning. On receiving a request for a diagnosis or treatment code, the health insurance issuer shall provide the information to the covered person or, if applicable, the covered person's

authorized representative as soon as practicable. A health insurance issuer may not consider a request for the diagnosis code and treatment information, in itself, to be a request to file a grievance for review of an adverse determination pursuant to [sections 10 through 16] or a request for external review as outlined in [sections 17 through 31]."

Renumber: subsequent subsections

18. Page 8, line 17.
Strike: "(8)(g)"
Insert: "(8)(h)"

19. Page 8, line 28 through page 9, line 4.
Strike: subsection (i) through subsection (iii) in their entirety
Insert: "(i) provide oral language services, such as a telephone assistance hotline, that include answering questions in any applicable non-English language and providing assistance with filing benefit requests, claims, and appeals in any applicable non-English language;

(ii) provide, upon request, a notice in any applicable non-English language; and

(iii) include in the English version of the notice a prominently displayed statement in any applicable non-English language clearly indicating how to access the language services provided by the health insurance issuer.

(c) For purposes of this subsection (9), with respect to any United States county to which a notice is sent, a non-English language is an applicable non-English language if 10% or more of the population residing in the county is literate only in the same non-English language, as determined in federal guidance."

20. Page 10, line 19.
Following: "no later than"
Strike: "24"
Insert: "72"

21. Page 11, line 28.
Following: "The date"
Strike: "of the original request" on line 28
Insert: "the request is received by the health insurance issuer"

22. Page 12, line 4.
Following: "provider,"
Insert: "and"

23. Page 12, line 4.
Following: "claim amount"
Strike: ", the diagnosis code" on line 4 through "meaning" on

line 5

24. Page 12, line 6.
Following: line 5
Insert: " (b) a statement describing the availability, upon request, of the diagnosis code and its corresponding meaning and the treatment code and its corresponding meaning. On receiving a request for a diagnosis or treatment code, the health insurance issuer shall provide the information as soon as practicable. A health insurance issuer may not consider a request for the diagnosis code and treatment information, in itself, to be a request to file a grievance for review of an adverse determination pursuant to [sections 10 through 16] or a request for external review as outlined in [sections 17 through 31]."
Renumber: subsequent subsections

25. Page 12, line 13.
Following: "issuer's internal"
Strike: "review"
Insert: "grievance"

26. Page 12, line 25.
Strike: "(7)(h)"
Insert: "(7)(i)"

27. Page 12, line 29.
Strike: "(7)(g)"
Insert: "(7)(h)"

28. Page 13, line 1.
Strike: "(7)(h)"
Insert: "(7)(i)"

29. Page 14, line 5.
Following: "requirement"
Strike: "expressed as a copayment amount or coinsurance rate"

30. Page 14, line 14.
Strike: "copayment or coinsurance"
Insert: "cost-sharing"

31. Page 14, line 19.
Following: line 19
Strike: "copayment or coinsurance"
Insert: "cost-sharing"

32. Page 14, line 24 through line 30.
Strike: subsection (a) through subsection (c) in their entirety

Insert: "Only in-network cost-sharing amounts may be imposed on out-of-network emergency services."

33. Page 15, line 1.
Following: "(6)"
Strike: "For an immediately required"
Insert: "If prior authorization is required for a"

34. Page 15, line 8.
Following: "coverage"
Strike: "or"
Insert: "and"

35. Page 15, line 12 through line 13.
Strike: subsection (2) in its entirety
Insert: "(2) In the outline of coverage provided to covered persons, a health insurance issuer shall include a statement indicating the section of the member handbook containing the information required in subsection (1)."

36. Page 17, line 27.
Following: "[section 15 or 16]"
Strike: "are not"
Insert: "may not be"

37. Page 17, line 27.
Following: "based on a"
Strike: "minor"
Insert: "de minimis"

38. Page 18, line 1.
Following: "covered person"
Insert: "or, if applicable, the covered person's authorized representative"

39. Page 18, line 4 through line 5.
Strike: subsection (c) in its entirety

40. Page 19, line 4.
Following: "more appropriate"
Strike: "clinical peers"
Insert: "physicians or health care professionals of the same licensure"

41. Page 19, line 4.
Following: "determination. A" on line 4
Strike: "clinical peer"
Insert: "physician or health care professional of the same licensure"

42. Page 19, line 6.
Following: "an appropriate"
Strike: "clinical peer"
Insert: "physician or health care professional of the same licensure"

43. Page 19, line 7.
Following: "more than one"
Strike: "clinical peer"
Insert: "physician or health care professional of the same licensure"

44. Page 19, line 9.
Following: "subsection (4), each"
Strike: "clinical peer"
Insert: "physician or health care professional of the same licensure"

45. Page 19, line 19.
Strike: "(11)(e)(iii)"
Insert: "(11)(f)(iii)"

46. Page 20, line 1.
Following: "issuer shall"
Strike: "make"
Insert: "disclose"

47. Page 20, line 1.
Following: "subsection (6)"
Strike: "known"

48. Page 20, line 2.
Following: "authorized representative"
Insert: ", in writing:
(a) in the notice of adverse determination that is the subject of the grievance; or
(b) in a separate notice sent"

49. Page 20, line 15.
Following: "30 days"
Insert: "in the case of a prospective review or 60 days in the case of a retrospective review"

50. Page 20, line 29.
Following: "credentials of each"
Strike: "person"
Insert: "physician or health care professional of the same licensure"

51. Page 21, line 1.
Following: "provider,"
Insert: "and"

52. Page 21, line 1 through line 2.
Following: "claim amount" on line 1
Strike: ", the diagnosis" on line 1 through the second "corresponding meaning" on line 2

53. Page 21, line 3.
Following: line 2
Insert: " (c) a statement describing the availability, upon request, of the diagnosis code and its corresponding meaning and the treatment code and its corresponding meaning. On receiving a request for a diagnosis or treatment code, the health insurance issuer shall provide the information as soon as practicable. A health insurance issuer may not consider a request for the diagnosis code and treatment information, in itself, to be a request to file a grievance for review of an adverse determination pursuant to [sections 10 through 16] or a request for external review as outlined in [sections 17 through 31]."
Renumber: subsequent subsections

54. Page 21, line 3.
Following: "statement from the"
Strike: "persons"
Insert: "physicians or health care professionals of the same licensure"

55. Page 21, line 5.
Strike: "persons"
Insert: "physicians or health care professionals of the same licensure"

56. Page 21, line 10.
Strike: "(11)(e)"
Insert: "(11)(f)"

57. Page 22, line 1.
Strike: "(11)(e)(iv)"
Insert: "(11)(f)(iv)"

58. Page 22, line 3.
Strike: "(11)(e)(v)"
Insert: "(11)(f)(v)"

59. Page 22, line 13.
Strike: "(11)(e)(ix)"

Insert: "(11)(f)(ix)"

60. Page 22, line 27.
Following: line 27
Strike: "appropriate clinical peers"
Insert: "physicians or health care professionals of the same licensure"

61. Page 22, line 27.
Following: "An appointed"
Strike: "clinical peer"
Insert: "physician or health care professional of the same licensure"

62. Page 23, line 17.
Following: "credentials of each"
Strike: "person"
Insert: "physician or health care professional of the same licensure"

63. Page 23, line 18 through line 19.
Following: "including" on line 18
Strike: "as applicable"

64. Page 23, line 19.
Following: "health care provider,"
Insert: "and, if applicable,"

65. Page 23, line 19 through 20.
Following: "the claim amount"
Strike: ", the diagnosis code and" through the second "meaning" on line 20

66. Page 23, line 21.
Following: line 20
Insert: "(c) a statement describing the availability, upon request, of the diagnosis code and its corresponding meaning and the treatment code and its corresponding meaning. On receiving a request for a diagnosis or treatment code, the health insurance issuer shall provide the information as soon as practicable. A health insurance issuer may not consider a request for the diagnosis code and treatment information, in itself, to be a request to file a grievance for external review as outlined in [sections 17 through 31]."
Renumber: subsequent subsections

67. Page 23, line 21.
Following: "a statement"

Strike: "of the reviewers'"
Insert: "from the physicians or health care professionals of the same licensure participating in the review of their"

68. Page 23, line 22.
Strike: "reviewers"
Insert: "physicians or health care professionals of the same licensure"

69. Page 24, line 15.
Strike: "(8)(e)(iv)"
Insert: "(8)(f)(iv)"

70. Page 24, line 17.
Strike: "(8)(e)(v)"
Insert: "(8)(f)(v)"

71. Page 24, line 20.
Following: "statement"
Insert: ", if applicable"

72. Page 24, line 27.
Strike: "(8)(e)"
Insert: "(8)(f)"

73. Page 28, line 3.
Following: "request for external review to"
Strike: "the office of the insurance commissioner"
Insert: "us"

74. Page 28, line 4.
Following: "number of the"
Strike: "office of the insurance commissioner"
Insert: "unit of the health insurance issuer that administers the external review program"

75. Page 28, line 5.
Following: "(3)"
Insert: "(a)"
Renumber: subsequent subsections

76. Page 28, line 6.
Following: "The notice must"
Insert: "also"

77. Page 28, line 8.
Following: ", and"
Insert: ", if applicable,"

78. Page 28, line 8.
Following: "the claim amount"
Strike: ", if applicable"

79. Page 28, line 9 through line 10.
Strike: "a statement" on line 9 through "corresponding meaning." on line 10
Insert: "a statement describing the availability, upon request, of the diagnosis code and its corresponding meaning and the treatment code and its corresponding meaning. On receiving a request for a diagnosis or treatment code, the health insurance issuer shall provide the information as soon as practicable. A health insurance issuer may not consider a request for the diagnosis code and treatment information, in itself, to be a request for an external review as outlined in [sections 17 through 31]."

80. Page 28, line 11 through line 13.
Strike: subsection (b) in its entirety

81. Page 28, line 19.
Following: "representative within"
Strike: "30 days of"
Insert: "the time period provided in [section 15 or 16], as applicable, after"

82. Page 29, line 23.
Following: "[section"
Strike: "22"
Insert: "24"

83. Page 29, line 25.
Following: "[section"
Strike: "23"
Insert: "24"

84. Page 30, line 16.
Strike: "commissioner"
Insert: "health insurance issuer"

85. Page 31, line 1 through line 2.
Following: "issuer within" on line 1
Strike: "30 days following" on lines 1 and 2
Insert: "the time period provided in [section 15 or 16], as applicable, from"

86. Page 32, line 13.
Following: "(1) Within"
Strike: "6"

Insert: "4"

87. Page 32, line 16.
Following: "with the"
Strike: "commissioner"
Insert: "health insurance issuer"

88. Page 32, line 17 through line 19.
Following: "(2) Within" on line 17
Strike: "1 business day" on line 17 through "(3) Within" on line 19
Renumber: subsequent subsections

89. Page 32, line 19.
Following: "receipt of"
Strike: "the copy of"

90. Page 32, line 19 through line 20.
Following: "external review request" on line 19
Strike: "from the commissioner"

91. Page 33, line 4.
Following: "(4)"
Insert: "(a)"

92. Page 33, line 5.
Following: "notify the"
Strike: "commissioner and the"

93. Page 33, line 7.
Strike: "(a)"
Insert: "(i)"

94. Page 33, line 8.
Strike: "(b)"
Insert: "(ii)"

95. Page 33, line 9.
Strike: "(5)(a)"
Insert: "(b)(i)"

96. Page 33, line 9.
Following: "shall inform"
Strike: "the commissioner and"

97. Page 33, line 12.
Strike: "(b)"
Insert: "(ii)"

98. Page 33, line 12 through line 13.
Following: "shall inform" on line 12
Strike: "the commissioner and"

99. Page 33, line 16.
Following: "subsection"
Strike: "(5)"
Insert: "(3)"

100. Page 33, line 17.
Following: "subsection"
Strike: "(5)"
Insert: "(3)"

101. Page 33, line 21.
Following: "commissioner receives"
Strike: "a request under [section 20]"
Insert: "an appeal under subsection (4)"

102. Page 33, line 24.
Following: "under subsection"
Strike: "(7)(a)"
Insert: "(5)(a)"

103. Page 33, line 26 through line 28.
Following: "(8)" on line 26
Strike: "Whenever" on line 26 through "notice:" on line 28

104. Page 33, line 29.
Following: "(a)"
Insert: "If the request is eligible for external review, the health insurance issuer shall within 1 business day"

105. Page 33, line 29.
Following: "review organization"
Insert: "on a random basis, or using another method of assignment that ensures the independence and impartiality of the assignment process,"

106. Page 34, line 1.
Following: "review"
Strike: ";"
Insert: "."

107. Page 34, line 2 through line 5.
Strike: subsection (b) through subsection (c) in their entirety
Insert: " (b) In making the assignment, the health insurance issuer shall consider whether an independent review organization is qualified to conduct the particular external

review based on the nature of the health care service or treatment that is the subject of the adverse determination or final adverse determination.

(c) The health insurance issuer shall also take into account other circumstances, including conflict of interest concerns pursuant to [section 27(4)]."

108. Page 34, line 10.
Following: line 9
Insert: "(8) Within 1 business day of assigning an independent review organization pursuant to subsection (6), the health insurance issuer shall notify, in writing, the covered person or, if applicable, the covered person's authorized representative that the health insurance issuer initiated an external review."

109. Page 34, line 10.
Following: "(10) The"
Strike: "commissioner"
Insert: "health insurance issuer"

110. Page 34, line 12.
Following: "organization within"
Strike: "5"
Insert: "10"

111. Page 34, line 15.
Following: "submitted within"
Strike: "5"
Insert: "10"

112. Page 34, line 16.
Following: "after the"
Strike: "5"
Insert: "10"

113. Page 34, line 18.
Following: "5 business days after"
Strike: "the date of receipt of the notice provided"
Insert: "assigning an independent review organization"
Following: "subsection"
Strike: "(8)"
Insert: "(6)"

114. Page 34, line 22.
Strike: "(13)"
Insert: "(12)"

115. Page 34, line 24.

Strike: "(11)"
Insert: "(10)"

116. Page 34, line 26.
Strike: "(11)"
Insert: "(10)"

117. Page 34, line 29.
Strike: "(13)(a)"
Insert: "(12)(a)"

118. Page 35, line 1.
Following: "health insurance issuer"
Strike: "and the commissioner"

119. Page 35, line 2.
Strike: "(13)"
Insert: "(12)"

120. Page 35, line 3.
Strike: "(11)"
Insert: "(10)"

121. Page 35, line 5.
Strike: "(10)"
Insert: "(9)"

122. Page 35, line 7.
Strike: "(10)"
Insert: "(9)"

123. Page 35, line 9.
Strike: "(15)"
Insert: "(14)"

124. Page 35, line 13.
Strike: "(16)"
Insert: "(15)"

125. Page 35, line 19.
Strike: "(18)"
Insert: "(17)"

126. Page 35, line 21.
Following: "authorized representative;"
Insert: "and"

127. Page 35, line 22.
Following: "organization"

Strike: "; and"
Insert: "."

128. Page 35, line 23.
Strike: subsection (iii) in its entirety

129. Page 35, line 25.
Strike: "(19)(a)"
Insert: "(18)(a)"

130. Page 35, line 26.
Strike: "(11)"
Insert: "(10)"

131. Page 35, line 27.
Following: "review organization"
Insert: "shall consider the following information and documents in making a decision"

132. Page 35, line 27 through line 28.
Following: "are available" on line 27
Strike: "and the" on line 27 through "decision" on line 28

133. Page 36, line 13.
Strike: "(20)(a) through (20)(f)"
Insert: "(19)(a) through (19)(f)"

134. Page 36, line 13 through line 14.
Following: "are available" on line 13
Strike: "and" on line 13 through "appropriate" on line 14

135. Page 36, line 18.
Following: "representative;"
Insert: "and"

136. Page 36, line 19.
Following: "health insurance issuer"
Strike: "; and"
Insert: "."

137. Page 36, line 20.
Strike: subsection (c) in its entirety

138. Page 36, line 21.
Strike: "(21)"
Insert: "(20)"

139. Page 36, line 23.
Following: "assignment from the"

Strike: "commissioner"
Insert: "health insurance issuer"

140. Page 37, line 1.
Strike: "(21)"
Insert: "(20)"

141. Page 37, line 4 through line 11.
Strike: subsection (24) in its entirety

142. Page 37, line 15.
Following: "review with the"
Strike: "commissioner"
Insert: "health insurance issuer"

143. Page 37, line 30 through page 38, line 2.
Following: "(2)"
Strike: "On receipt" on page 37, line 30 through "(3)" on page 38, line 2
Renumber: subsequent subsections

144. Page 38, line 2.
Following: "subsection"
Strike: "(2)"
Insert: "(1)"

145. Page 38, line 3.
Following: "[section 22"
Strike: "(3)"
Insert: "(2)"

146. Page 38, line 4.
Following: "notify the"
Strike: "commissioner and the"

147. Page 38, line 7.
Following: "subsection"
Strike: "(3)(b)"
Insert: "(2)(b)"

148. Page 38, line 8.
Following: "subsection"
Strike: "(3)(b)"
Insert: "(2)(b)"

149. Page 38, line 11.
Following: "review."
Insert: "The notice must also provide contact information for the commissioner's office."

150. Page 38, line 13.
Following: "22"
Strike: "(7)"
Insert: "(5)"

151. Page 38, line 15.
Following: "subsection"
Strike: "(5)(a)"
Insert: "(4)(a)"

152. Page 38, line 17.
Following: line 17
Strike: subsection (6) in its entirety
Insert: "(5)(a) If the request is eligible for external review, the health insurance issuer shall immediately assign an independent review organization on a random basis, or using another method of assignment that ensures the independence and impartiality of the assignment process, from the list of approved independent review organizations compiled and maintained by the commissioner pursuant to [section 26] to conduct the review.

(b) In making the assignment, the health insurance issuer shall consider whether an independent review organization is qualified to conduct the particular external review based on the nature of the health care service or treatment that is the subject of the adverse determination or final adverse determination.

(c) The health insurance issuer shall also take into account other circumstances, including conflict of interest concerns pursuant to [section 27(4)]."

153. Page 38, line 22.
Following: "subsection"
Strike: "(10)"
Insert: "(9)"

154. Page 38, line 26.
Following: "(8)"
Strike: "On receipt of the commissioner's notice containing the name of the"
Insert: "Upon assigning an"

155. Page 38, line 27.
Following: line 27
Strike: "assigned to conduct the expedited external review"

156. Page 39, line 1.
Following: "subsection"
Strike: "(8)"

Insert: "(7)"

157. Page 39, line 2 through line 3.
Following: "are available" on line 2
Strike: "and the independent review organization considers them appropriate"

158. Page 39, line 3.
Strike: "(20)"
Insert: "(19)"

159. Page 39, line 7.
Following: "[section 22"
Strike: "(3)"
Insert: "(2)"

160. Page 39, line 10.
Following: "insurance issuer"
Strike: "and the commissioner"

161. Page 39, line 11.
Following: "subsection"
Strike: "(10)(a)"
Insert: "(9)(a)"

162. Page 39, line 14.
Following: "insurance issuer"
Strike: "and the commissioner"

163. Page 39, line 15.
Strike: "(22)"
Insert: "(21)"

164. Page 39, line 21 through line 28.
Strike: subsection (13) in its entirety

165. Page 40, line 1.
Following: "Within"
Strike: "6"
Insert: "4"

166. Page 40, line 6.
Following: "review with the"
Strike: "commissioner"
Insert: "health insurance issuer"

167. Page 40, line 12.
Following: "(b)"
Strike: "On"

Insert: "(i) Upon"

168. Page 40, line 12 through line 14.
Following: "external review," on line 12
Strike: "the commissioner" on line 12 through "subsection (2)(b)," on line 14
Renumber: subsequent subsections

169. Page 40, line 15.
Following: "determine"
Insert: "and notify the covered person or, if applicable, the covered person's authorized representative"

170. Page 40, line 16 through line 17.
Strike: subsection (ii) in its entirety
Renumber: subsequent subsections

171. Page 40, line 19.
Following: "subsection"
Strike: "(2)(c)(ii)"
Insert: "(2)(b)(i)"

172. Page 40, line 20.
Following: "subsection"
Strike: "(2)(c)(ii)"
Insert: "(2)(b)(i)"

173. Page 40, line 23.
Following: "review."
Insert: "The notice must also provide contact information for the commissioner's office."

174. Page 40, line 27.
Following: "subsection"
Strike: "(2)(d)(i)"
Insert: "(2)(c)(i)"

175. Page 40, line 29 through page 41, line 4.
Following: line 9
Strike: subsection (e) in its entirety
Insert: "(d)(i) If the request is eligible for expedited external review, the health insurance issuer shall immediately assign an independent review organization on a random basis, or using another method of assignment that ensures the independence and impartiality of the assignment process, from the list of approved independent review organizations compiled and maintained by the commissioner pursuant to [section 26] to conduct the external review.
(ii) In making the assignment, the health insurance issuer shall

consider whether an independent review organization is qualified to conduct the particular external review based on the nature of the health care service or treatment that is the subject of the adverse determination or final adverse determination.

(iii) The health insurance issuer shall also take into account other circumstances, including conflict of interest concerns pursuant to [section 27(4)]."

176. Page 41, line 5.
Following: "(f)"
Strike: "On" through "subsection (2)(e)" on line 6
Insert: "Upon assigning an independent review organization"

177. Page 41, line 10 through line 12.
Following: line 10
Strike: subsection (3) in its entirety
Insert: "(3) Upon receipt of a request for standard external review, the health insurance issuer shall, within 5 business days, determine whether the request meets the eligibility requirements of subsection (4)."

178. Page 41, line 13 through line 14.
Following: "(4)"
Strike: "Within" on line 13 through "subsection (3)," on line 14
Insert: "In accordance with the timeframes in subsections (2)(b) and (3),"

179. Page 42, line 11.
Following: "treatments;"
Insert: "and"

180. Page 42, line 13.
Following: "[section 14(2)]"
Strike: "; and"
Insert: "."

181. Page 42, lines 14 and 15.
Strike: subsection (f) in its entirety

182. Page 42, line 16.
Following: "(5)"
Insert: "(a)"

183. Page 42, line 17.
Following: "notify"
Strike: "the commissioner and"

184. Page 42, line 19.
Strike: "(a)"

Insert: "(i)"

185. Page 42, line 20.
Strike: "(b)"
Insert: "(ii)"

186. Page 42, line 21.
Strike: "(6)(a)"
Insert: "(b)(i)"
Renumber: subsequent subsections

187. Page 42, line 21.
Following: "inform"
Strike: "the commissioner and"

188. Page 42, line 24.
Strike: "(b)"
Insert: "(ii)"

189. Page 42, line 24 through line 25.
Following: "shall inform" on line 24
Strike: "the commissioner and"

190. Page 42, line 28.
Strike: "(6)"
Insert: "(5)"

191. Page 42, line 29.
Strike: "(6)"
Insert: "(5)"

192. Page 43, line 2.
Following: "review."
Strike: "The notice must also provide contact information for the commissioner's office."

193. Page 43, line 4.
Following: "notify"
Strike: "the commissioner and"

194. Page 43, line 6 through line 14.
Following: line 6
Strike: subsection (9) in its entirety
Insert: "(8)(a) If the request is eligible for external review, the health insurance issuer shall within 1 business day assign an independent review organization on a random basis, or using another method of assignment that ensures the independence and impartiality of the assignment process, from the list of approved independent review organizations

compiled and maintained by the commissioner pursuant to [section 26] to conduct the external review.

(b) In making the assignment, the health insurance issuer shall consider whether an independent review organization is qualified to conduct the particular external review based on the nature of the health care service or treatment that is the subject of the adverse determination or final adverse determination.

(c) The health insurance issuer shall also take into account other circumstances, including conflict of interest concerns pursuant to [section 27(4)].

(9) Within 1 business day of assigning an independent review organization pursuant to subsection (2)(d) or (8), the health insurance issuer shall notify in writing the covered person or, if applicable, the covered person's authorized representative that the health insurance issuer initiated an external review."

195. Page 43, line 15.
Following: "The"
Strike: "commissioner"
Insert: "health insurance issuer"

196. Page 43, line 18.
Strike: "5"
Insert: "10"

197. Page 43, line 20.
Following: "within"
Strike: "5"
Insert: "10"

198. Page 43, line 21.
Following: "after the"
Strike: "5"
Insert: "10"

199. Page 43, line 25.
Following: "select"
Strike: "one" through "subsection (12)" on line 26
Insert: "a clinical peer, or multiple peers if medically appropriate under the circumstances"

200. Page 44, line 13.
Following: "after"
Strike: "the date of receipt of the notice provided"
Insert: "assigning an independent review organization"

201. Page 48, line 16 through line 23.
Strike: subsection (23) in its entirety

202. Page 50, line 6.
Following: "sections 22"
Strike: "and 23"
Insert: ", 23, and 24"

203. Page 53, line 7.
Strike: "January"
Insert: "March"

204. Page 53, line 17.
Following: "section 22"
Strike: "(18)"
Insert: "(17) or 24(15)"

205. Page 53, line 20.
Strike: "and"

206. Page 53, line 21.
Insert: "(f) a record of the requests for external review that the health insurance issuer did not assign to a specific independent review organization according to the scheduled rotation due to lack of qualification; and"
Renumber: subsequent subsections

207. Page 53, line 24.
Strike: "by state and"

208. Page 53, line 26.
Strike: "from the commissioner"

209. Page 53, line 28.
Strike: "January"
Insert: "March"

210. Page 55.
Following: line 5
Insert: "Section 32. Section 33-30-102, MCA, is amended to read:

"33-30-102. Application of this chapter -- construction of other related laws. (1) All health service corporations are subject to the provisions of this chapter. In addition to the provisions contained in this chapter, other chapters and provisions of this title apply to health service corporations as follows: 33-2-1212; 33-3-307; 33-3-308; 33-3-401; 33-3-431; 33-3-701 through 33-3-704; 33-17-101; Title 33, chapter 2, part 19; Title 33, chapter 17, parts 2 and 10 through 12; and Title 33, chapters 1, 15, 18, 19, ~~and~~ 22, <u>and 32,</u> except 33-22-111.

(2) A law of this state other than the provisions of this chapter applicable to health service corporations must be construed in accordance with the fundamental nature of a health service corporation, and in the event of a conflict, the

provisions of this chapter prevail."
{*Internal References to 33-30-102:*
33-1-102 *33-1-102* *33-1-201* }"
Insert: "Section 33. Section 33-31-111, MCA, is amended to read:
"33-31-111. Statutory construction and relationship to other laws. (1) Except as otherwise provided in this chapter, the insurance or health service corporation laws do not apply to a health maintenance organization authorized to transact business under this chapter. This provision does not apply to an insurer or health service corporation licensed and regulated pursuant to the insurance or health service corporation laws of this state except with respect to its health maintenance organization activities authorized and regulated pursuant to this chapter.
(2) Solicitation of enrollees by a health maintenance organization granted a certificate of authority or its representatives is not a violation of any law relating to solicitation or advertising by health professionals.
(3) A health maintenance organization authorized under this chapter is not practicing medicine and is exempt from Title 37, chapter 3, relating to the practice of medicine.
(4) This chapter does not exempt a health maintenance organization from the applicable certificate of need requirements under Title 50, chapter 5, parts 1 and 3.
(5) This section does not exempt a health maintenance organization from the prohibition of pecuniary interest under 33-3-308 or the material transaction disclosure requirements under 33-3-701 through 33-3-704. A health maintenance organization must be considered an insurer for the purposes of 33-3-308 and 33-3-701 through 33-3-704.
(6) This section does not exempt a health maintenance organization from:
(a) prohibitions against interference with certain communications as provided under Title 33, chapter 1, part 8;
(b) the provisions of Title 33, chapter 22, part 19;
(c) the requirements of 33-22-134 and 33-22-135;
(d) network adequacy and quality assurance requirements provided under chapter 36; or
(e) the requirements of Title 33, chapter 18, part 9.
(7) Title 33, chapter 1, parts 12 and 13, Title 33, chapter 2, part 19, 33-2-1114, 33-2-1211, 33-2-1212, 33-3-401, 33-3-422, 33-3-431, 33-15-308, Title 33, chapter 17, Title 33, chapter 19, 33-22-107, 33-22-129, 33-22-131, 33-22-136, 33-22-137, 33-22-138, 33-22-141, 33-22-142, 33-22-152, 33-22-153, 33-22-156 through 33-22-159, 33-22-244, 33-22-246, 33-22-247, 33-22-514, 33-22-515, 33-22-521, 33-22-523, 33-22-524, 33-22-526, 33-22-706, Title 33, chapter 32[, and Title 33, chapter 40, part 1,] apply to health maintenance organizations. (Bracketed language in (7) terminates December 31, 2017--sec. 14, Ch. 363, L. 2013.)"
{*Internal References to 33-31-111: None.*}"
Renumber: subsequent sections

211. Page 56, line 9.
Strike: "in an external review"

212. Page 56, line 28.
Insert: "(9) "Cost sharing" means the share of costs that a covered member pays under the health insurance issuer's health plan, including maximum out-of-pocket, deductibles, coinsurance, copayments, or similar charges, but does not include premiums, balance billing amounts for out-of-network providers, or the cost of noncovered services."
Renumber: subsequent subsections

213. Page 57, line 4.
Following: ""Emergency medical condition""
Strike: remainder of subsection (12)
Insert: "has the meaning provided in 33-36-103."

214. Page 57, line 9.
Following: ""Emergency services""
Strike: remainder of subsection (13)
Insert: "has the meaning provided in 33-36-103."

215. Page 58, line 1.
Following: "subsection"
Strike: "(2)(a)"
Insert: "(18)(a)"

216. Page 58, line 25.
Strike: "patient"
Insert: "covered person"

217. Page 59, line 11.
Strike: "(28)(c)"
Insert: "(29)(c)"

218. Page 59, line 15.
Strike: "(28)(a)"
Insert: "(29)(a)"

219. Page 60, line 30.
Strike: "The"
Insert: "Except as provided in subsections (2) and (3), the"

- END -