

AMENDMENTS TO SENATE BILL NO. 225

Sponsor: REPRESENTATIVE PICKETT

Printer's No. 1924

1 Amend Bill, page 50, lines 10 and 11, by striking out "BASED
2 ON MEDICAL NECESSITY" and inserting
3 subject to the external review process as set forth in
4 section 2164.1(a)

5 Amend Bill, page 51, line 3, by inserting after
6 "DETERMINATION"
7 by an insurer

8 Amend Bill, page 51, lines 4 and 5, by striking out "A
9 CONTRACT" and inserting
10 An agreement

11 Amend Bill, page 51, lines 5 and 6, by striking out "THE
12 DEPARTMENT OF HUMAN SERVICES OR PRIMARY CONTRACTOR OF"

13 Amend Bill, page 51, lines 8 and 9, by striking out "MEDICAL,
14 BEHAVIORAL HEALTH OR HOME AND COMMUNITY-BASED"

15 Amend Bill, page 51, line 9, by inserting after "SERVICES."
16 The term includes a county or multicounty agreement with the
17 Department of Human Services for behavioral health services.
18 [

19 Amend Bill, page 51, line 16, by inserting a bracket after
20 "SUPPLEMENT."

21 Amend Bill, page 51, line 24, by inserting after "STATES"
22 or this Commonwealth

23 Amend Bill, page 52, line 6, by striking out "UNAVAILABLE"
24 and inserting

1 unable

2 Amend Bill, page 52, line 6, by inserting after "OR"

3 as

4 Amend Bill, page 53, line 15, by striking out "ELIGIBLE FOR

5 EXTERNAL REVIEW"

6 Amend Bill, page 53, line 20, by inserting after "DURING"

7 a covered person's or

8 Amend Bill, page 53, lines 26 and 27, by striking out "THE

9 TERM INCLUDES A COVERED" in line 26 and all of line 27

10 Amend Bill, page 54, lines 1 through 3, by striking out all

11 of said lines

12 Amend Bill, page 54, lines 6 through 9, by striking out all

13 of said lines and inserting

14 "Discharge planning." The formal process for determining,

15 prior to discharge from a facility, the coordination and

16 management of care that a covered person or enrollee will

17 receive following the discharge.

18 Amend Bill, page 54, line 24, by striking out the bracket

19 before "EMERGENCY"

20 Amend Bill, page 54, line 24, by inserting a bracket before

21 "AND"

22 Amend Bill, page 54, line 24, by inserting after "AND"

23] or

24 Amend Bill, page 54, lines 26 and 27, by striking out "] THE

25 TERM INCLUDES EMERGENCY TRANSPORTATION AND RELATED" in line 26

26 and all of line 27

27 Amend Bill, page 55, by inserting between lines 14 and 15

28 (7) A facility licensed by the Department of Human Services

29 Office of Mental Health and Substance Abuse Services.

30 Amend Bill, page 55, line 15, by striking out "(7)" and

1 inserting
2 (8)
3 Amend Bill, page 55, line 17, by striking out "(8)" and
4 inserting
5 (9)
6 Amend Bill, page 55, line 22, by striking out "2161.1" and
7 inserting
8 2164
9 Amend Bill, page 56, lines 20 through 22, by striking out
10 "FOR MA OR CHIP MANAGED CARE PLANS, THE TERM SHALL ALSO" in line
11 20 and all of lines 21 and 22 and inserting
12 The term includes an individual providing emergency services
13 under a licensed emergency medical services agency as defined in
14 35 Pa.C.S. § 8103 (relating to definitions).
15 Amend Bill, page 56, line 29, by striking out the comma after
16 "INJURY" and inserting
17 or
18 Amend Bill, page 56, lines 29 and 30, by striking out "OR
19 FUNCTIONAL LIMITATION"
20 Amend Bill, page 57, lines 1 through 4, by striking out "THE
21 TERM" in line 1 and all of lines 2 through 4
22 Amend Bill, page 57, line 28, by striking out "2161.10" and
23 inserting
24 2164.9
25 Amend Bill, page 58, lines 1 and 2, by striking out all of
26 said lines
27 Amend Bill, page 59, lines 12 and 13, by striking out "TO
28 ENROLLEES BY ARRANGEMENTS WITH HEALTH CARE PROVIDERS SELECTED TO
29 PARTICIPATE"
30 Amend Bill, page 60, line 29, by striking out "REQUIREMENTS"

1 and inserting
2 policy
3 Amend Bill, page 61, lines 4 through 7, by striking out
4 "UNITED STATES FOOD AND DRUG" in line 4 and all of lines 5
5 through 7 and inserting
6 The use of United States Food and Drug Administration-
7 approved medications along with treatment other than medication,
8 as clinically indicated, to treat substance use disorders,
9 including opioid use disorders.
10 Amend Bill, page 61, line 16, by inserting after "INSURER"
11 or MA or CHIP managed care plan
12 Amend Bill, page 62, lines 2 through 5, by striking out all
13 of said lines
14 Amend Bill, page 62, lines 17 through 19, by striking out
15 "AND INCLUDES THE SPECIFIC" in line 17, all of line 18 and
16 "TERMS OF THE APPLICABLE MEDICAL POLICY" in line 19
17 Amend Bill, page 63, line 8, by inserting a bracket before
18 "THE"
19 Amend Bill, page 63, line 8, by inserting after "THE"
20] Participating
21 Amend Bill, page 64, lines 1 through 3, by striking out ",
22 NOT INCLUDING THE REVIEW OF A CLAIM THAT IS LIMITED TO" in line
23 1, all of line 2 and "DOCUMENTATION, ACCURACY OF CODING OR
24 ADJUSTMENT FOR PAYMENT" in line 3
25 Amend Bill, page 64, lines 29 and 30, by striking out all of
26 said lines
27 Amend Bill, page 66, line 4, by striking out "COVERAGE" and
28 inserting
29 the provider network
30 Amend Bill, page 66, line 8, by striking out the bracket

1 before "THE"

2 Amend Bill, page 66, line 8, by striking out "] AN"

3 Amend Bill, page 66, line 9, by inserting after "DETERMINING"

4 authorization of

5 Amend Bill, page 68, line 15, by striking out the bracket

6 before "SHALL"

7 Amend Bill, page 68, line 15, by striking out "] MAY"

8 Amend Bill, page 69, line 10, by striking out the bracket

9 before "SHALL"

10 Amend Bill, page 69, line 10, by striking out "] MAY"

11 Amend Bill, page 71, line 9, by striking out "PERIOD OF

12 EMERGENCY" and inserting

13 presentation for emergency services

14 Amend Bill, page 71, line 23, by inserting after

15 "TRANSPORTED."

16 The requirements of subsection (a.1) do not apply to a

17 licensed emergency medical services agency under this paragraph.

18 Amend Bill, page 76, line 9, by inserting a bracket before

19 "MAINTAINS"

20 Amend Bill, page 76, line 9, by inserting after "MAINTAINS"

21] receives

22 Amend Bill, page 76, line 9, by inserting after "RECORDS"

23 relating to a covered person or enrollee

24 Amend Bill, page 76, line 12, by inserting after "RECORDS"

25 where it occurs the first time

26 upon request of the covered person or enrollee

27 Amend Bill, page 82, lines 27 through 30, by striking out "__

28 INCLUDING WHETHER THE INSURER HAS COMPLIED WITH THE" in line 27,

1 all of lines 28 and 29 and "2758)" in line 30

2 Amend Bill, page 83, line 4, by striking out "(A)" and
3 inserting

4 (c)(1)

5 Amend Bill, page 83, line 7, by inserting after "INCLUDING"
6 a request regarding

7 Amend Bill, page 83, line 9, by striking out "SURPRISE ACT"
8 and inserting

9 Surprises Act (Public Law 116-260, Div. BB, Title I, 134
10 Stat. 2758)

11 Amend Bill, page 83, line 12, by striking out "PERSON" and
12 inserting

13 benefit

14 Amend Bill, page 87, lines 2 and 3, by striking out "ADVERSE
15 BENEFIT DETERMINATION" and inserting

16 Denial

17 Amend Bill, page 87, lines 12 through 30; page 88, lines 1
18 through 7; by striking out all of said lines on said pages and
19 inserting

20 (a) For an appeal of a complaint:

21 (1) If the subject of the complaint is listed in section
22 2141.1(b)(6), an enrollee or the enrollee's authorized
23 representative shall have fifteen (15) days from receipt of the
24 notice of decision to appeal the decision to the department.

25 (2) If a second level review was completed, a covered person
26 or an enrollee, or the covered person's or enrollee's authorized
27 representative, shall have fifteen (15) days from receipt of the
28 notice of the decision from the second level review committee to
29 appeal the decision to the department.

30 (b) For an appeal of an administrative denial:

31 (1) A covered person or covered person's authorized
32 representative may appeal a decision about the coverage,
33 operations or management policies of an insurer, other than
34 decisions that are adverse benefit determinations.

35 (2) A covered person or covered person's authorized
36 representative shall have fifteen (15) days from receipt of the
37 notice of a decision conducted under section 2164 on an
38 administrative denial, to appeal the decision to the department.

1 (b.1) All records from the internal process for the
2 complaint or administrative denial shall be transmitted to the
3 department in the manner prescribed. The covered person or
4 enrollee, the covered person's or enrollee's authorized
5 representative, the health care provider or the insurer or MA or
6 CHIP managed care plan, may submit additional materials related
7 to the complaint or administrative denial.

8 Amend Bill, page 88, line 9, by inserting a bracket before
9 "APPROPRIATE"

10 Amend Bill, page 88, line 9, by inserting a bracket after
11 "APPROPRIATE"

12 Amend Bill, page 88, lines 13 and 14, by striking out
13 "ADVERSE BENEFIT DETERMINATION" and inserting
14 Denial

15 Amend Bill, page 88, line 19, by striking out "ADVERSE
16 BENEFIT DETERMINATION" and inserting
17 denial

18 Amend Bill, page 90, line 16, by inserting a bracket before
19 "PROSPECTIVE"

20 Amend Bill, page 90, line 16, by inserting after "REVIEW"
21] prior authorization

22 Amend Bill, page 91, line 18, by striking out "2155(C)" and
23 inserting
24 2155(d)

25 Amend Bill, page 92, line 24, by inserting after "FOR"
26 any health care service that requires

27 Amend Bill, page 92, line 24, by striking out "SERVICE" and
28 inserting
29 that is

30 Amend Bill, page 94, line 12, by inserting after "OF"
31 a

32 Amend Bill, page 94, line 24, by striking out "CHANGE"

1 Amend Bill, page 94, line 24, by inserting after
2 "NOTIFICATION"
3 of change
4 Amend Bill, page 94, line 29, by inserting after "PLAN"
5 shall,
6 Amend Bill, page 94, line 30, by striking out "SHALL"
7 Amend Bill, page 95, line 12, by striking out "SECTION" and
8 inserting
9 act
10 Amend Bill, page 95, line 20, by inserting after "TO"
11 a request for
12 Amend Bill, page 95, line 27, by inserting after "ALL"
13 relevant
14 Amend Bill, page 96, lines 6 and 7, by striking out "ADVERSE
15 BENEFIT DETERMINATIONS" and inserting
16 denials
17 Amend Bill, page 96, line 17, by inserting after "RECEIPT"
18 and review
19 Amend Bill, page 96, line 18, by striking out "MCO" and
20 inserting
21 MA
22 Amend Bill, page 96, line 21, by striking out "MCO" and
23 inserting
24 MA
25 Amend Bill, page 96, line 22, by striking out "MCO" and
26 inserting
27 MA
28 Amend Bill, page 96, line 25, by inserting after "THE" where
29 it occurs the second time
30 missing

1 Amend Bill, page 97, line 15, by striking out "A" and
2 inserting
3 a
4 Amend Bill, page 97, line 18, by striking out the period
5 after "QUESTION" and inserting
6 ; or
7 Amend Bill, page 97, line 19, by striking out "A" and
8 inserting
9 a
10 Amend Bill, page 97, lines 24 and 25, by striking out "EXCEPT THAT ANY" and inserting
11 . Any
12 Amend Bill, page 97, line 30, by inserting after
13 "AUTHORIZATION"
14 request
15 Amend Bill, page 97, line 30; page 98, lines 1 through 3; by
16 striking out "ADVERSE BENEFIT" in line 30 on page 97, all of
17 lines 1 and 2 and "DOES NOT INVOLVE MEDICAL JUDGMENT" in line 3
18 on page 98 and inserting
19 denial
20 Amend Bill, page 98, line 5, by striking out "MEDICAL" and
21 inserting
22 health care
23 Amend Bill, page 98, line 8, by striking out "(C)" and
24 inserting
25 (d)
26 Amend Bill, page 98, line 11, by inserting after "REVIEW"
27 discussion
28 Amend Bill, page 98, line 16, by striking out "OR" and
29 inserting
30 and
31

Amend Bill, page 99, line 17, by inserting after "PEER-TO-PEER"
review

Amend Bill, page 99, line 21, by inserting after "PEER-TO-PEER"
review

Amend Bill, page 99, line 22, by striking out "ADJUDICATING
A" and inserting

the insurer or MA or CHIP managed care plan making a decision on the

Amend Bill, page 99, line 22, by inserting after "PEER-TO-PEER"
review

Amend Bill, page 99, line 24, by inserting after "(H)"
or (i)

Amend Bill, page 99, line 28, by inserting after "DENY"
a

Amend Bill, page 99, line 28, by inserting after
"AUTHORIZATION"
request

Amend Bill, page 101, line 2, by inserting after "LINES"
for requests submitted to insurers

Amend Bill, page 101, lines 20 through 30; page 102, lines 1
through 12; by striking out all of said lines on said pages and
inserting

(3) For prior authorization requests other than as specified in subparagraph (i), within 15 days. The following apply:

(i) The 15-day deadline may be extended by the insurer if all of the following apply:

(A) upon receipt of the prior authorization request, the insurer provided notification of missing information pursuant to subsection (c)(1); and

(B) the notification of missing information was communicated as soon as possible following the

1 submission of the prior authorization request to
2 allow an opportunity to respond prior to the
3 expiration of the 15-day deadline with the identified
4 missing information.

5 (ii) If the insurer grants an extension, the insurer
6 may extend the deadline for at least 45 days to allow the
7 provider to respond. Upon receipt of the missing
8 information, the insurer shall render a decision without
9 delay.

10 (iii) No insurer shall unreasonably delay or
11 withhold the specific notice of additional information
12 needed to complete a review of a prior authorization
13 request.

14 (iv) Nothing in this paragraph shall require an
15 insurer to extend the initial 15-day deadline.

16 Amend Bill, page 103, by inserting between lines 7 and 8

17 (k) Notice and statement.--An insurer, when sending a notice
18 to a covered person of a denial of a request for prior
19 authorization made under this section, shall include with such
20 notice the following statement:

21 THE STATEMENT BELOW IS REQUIRED BY
22 PENNSYLVANIA STATE LAW.

23 Actions You Can Take and How to Get Help.

24 You, or someone on your behalf, recently requested
25 approval from your health insurance plan for a health care
26 service or item. Your health insurance plan denied the
27 request.

28 You have the right to ask your health insurance plan to
29 change this decision. This is called an internal appeal. If
30 the request is not approved after an internal appeal, your
31 request may be eligible for a review by an independent third
32 party. This is called an external review. The independent
33 third party may change your health insurance plan's decision.

34 Please read carefully the information your health
35 insurance plan has provided with this insert. This
36 information explains the reason(s) for the health insurance
37 plan's decision, as well as how to ask for an internal appeal
38 or external review, including any deadlines and timing.

39 You should also feel free to contact your health
40 insurance plan or the Pennsylvania Insurance Department to
41 help you understand your rights and answer any questions.
42 Contact information for both your health insurance plan and
43 the Department is included in the information your health
44 insurance plan has provided.

45 Amend Bill, page 103, line 28, by inserting after

46 "ENROLLEE'S"

47 health care

Amend Bill, page 104, lines 11 through 28, by striking out all of said lines and inserting

(a) Minimum requirement.--An insurer or MA or CHIP managed care plan shall make available coverage of at least one prescription drug approved by the United States Food and Drug Administration for use in medication-assisted treatment for opioid use disorders, including coverage of at least one of each of the following without prior authorization:

(1) Buprenorphine/naloxone prescription drug combination product.

(2) Injectable and oral naltrexone.

(3) Methadone.

(b) Coverage and cost tier.--If a medication-assisted treatment prescription drug set forth in subsection (a) is covered as a pharmacy benefit, then the insurer or MA or CHIP managed care plan shall cover the prescription drug on the lowest nonpreventive cost tier of the health insurance policy or MA or CHIP managed care plan.

Amend Bill, page 105, line 3, by inserting a bracket before "TWO"

Amend Bill, page 105, line 3, by inserting after "LEVELS"
] one level

Amend Bill, page 105, line 6, by inserting after "ENROLLEE"
or the enrollee's authorized representative

Amend Bill, page 105, line 11, by inserting a bracket before "AN"

Amend Bill, page 105, line 12, by inserting after "INITIAL"
] a

Amend Bill, page 105, lines 28 and 29, by striking out "FOR APPEALING THE DECISION" and inserting
to file a request for an external review

Amend Bill, page 106, line 15, by inserting after "DECISION."

] A review conducted under this section shall include a licensed physician or, where appropriate, a licensed psychologist or licensed dentist, in the same or similar specialty that typically manages or consults on the health care service.

[

1 Amend Bill, page 106, lines 20 through 24, by striking out "A
2 REVIEW CONDUCTED UNDER THIS SECTION" in line 20 and all of lines
3 21 through 24

4 Amend Bill, page 106, line 27, by striking out ", INCLUDING
5 AN EXPEDITED EXTERNAL GRIEVANCE PROCESS,"

6 Amend Bill, page 106, line 29, by inserting after "ENROLLEE"
7 , enrollee's authorized representative

8 Amend Bill, page 107, line 4, by inserting after "EXPEDITED"
9 external

10 Amend Bill, page 107, line 10, by inserting a bracket before
11 "INDEPENDENT"

12 Amend Bill, page 107, line 10, by inserting after "ENTITY"
13] review organization

14 Amend Bill, page 107, line 22, by inserting a bracket before
15 "THE"

16 Amend Bill, page 107, line 22, by striking out "MA OR CHIP"

17 Amend Bill, page 107, line 23, by striking out ", THE
18 ENROLLEE'S AUTHORIZED REPRESENTATIVE"

19 Amend Bill, page 107, line 25, by striking out the bracket
20 before "UTILIZATION"

21 Amend Bill, page 107, line 25, by striking out "] IRO"

22 Amend Bill, page 107, line 26, by inserting after "DAYS."

23] Within the same two (2) business day time frame set forth
24 in paragraph (1), the department shall notify the enrollee or
25 the enrollee's authorized representative of the name, address,
26 e-mail address, fax number and telephone number of the IRO
27 assigned under this subsection. The notice shall inform the
28 enrollee and the enrollee's authorized representative of the
29 right to submit additional written information to the IRO within
30 twenty (20) days of the date the IRO assignment notice was
31 mailed and shall include instructions for submitting additional

1 information to the IRO by mail, facsimile and electronically.

2 Amend Bill, page 108, line 7, by inserting a bracket before
3 the comma after "PROVIDER"

4 Amend Bill, page 108, line 7, by striking out the bracket
5 before "UTILIZATION"

6 Amend Bill, page 108, line 7, by striking out "] IRO"

7 Amend Bill, page 108, line 8, by inserting a bracket after
8 "GRIEVANCE"

9 Amend Bill, page 108, line 10, by striking out "IRO" and
10 inserting

11 MA or CHIP managed care plan

12 Amend Bill, page 108, line 15, by inserting a bracket before
13 "UTILIZATION"

14 Amend Bill, page 108, line 15, by inserting after "ENTITY"

15] IRO

16 Amend Bill, page 108, line 21, by inserting after "THE" where
17 it occurs the second time

18 notice of the

19 Amend Bill, page 108, line 22, by striking out "OR" and
20 inserting a comma

21 Amend Bill, page 108, line 23, by inserting after

22 "REPRESENTATIVE"

23 or health care provider

24 Amend Bill, page 109, line 1, by striking out "] L"

25 Amend Bill, page 109, line 1, by inserting after "APPROVED"

26] L

27 Amend Bill, page 109, line 2, by striking out "APPROVED"

28 Amend Bill, page 109, line 20, by striking out "MA OR CHIP

1 MANAGED CARE"

2 Amend Bill, page 109, line 21, by inserting a bracket before
3 "PLAN."

4 Amend Bill, page 109, line 21, by inserting after "PLAN"
5] agreement with the Department of Human Services

6 Amend Bill, page 110, line 4, by inserting after "PROVIDER"
7 and the health care provider was not the enrollee's
8 authorized representative

9 Amend Bill, page 110, line 5, by striking out "] IRO"

10 Amend Bill, page 110, line 5, by inserting a bracket after
11 "OR" where it occurs the first time

12 Amend Bill, page 110, line 7, by inserting after "ESTIMATED"
13 fees and

14 Amend Bill, page 112, line 8, by striking out "(RESERVED)."
15 and inserting

16 Disputes regarding an insurer's compliance with the
17 surprise billing and cost-sharing protections under sections
18 2799a-1 and 2799a-2 of the Public Health Service Act (58
19 Stat. 682, 42 U.S.C. § 300gg-19) and regulations promulgated
20 thereunder.

21 Amend Bill, page 112, line 15, by striking out "ADVERSE
22 BENEFIT DETERMINATIONS" and inserting
23 denials

24 Amend Bill, page 116, line 15, by striking out "2164.7" and
25 inserting

26 2164.6

27 Amend Bill, page 116, line 18, by striking out "2136.1" and
28 inserting

29 2136(c)

30 Amend Bill, page 117, line 16, by inserting after
31 "RETROSPECTIVE"

1 utilization

2 Amend Bill, page 120, line 17, by inserting after

3 "RETROSPECTIVE"

4 utilization

5 Amend Bill, page 120, line 22, by striking out "SERVICE" and
6 inserting

7 benefit

8 Amend Bill, page 122, line 29, by striking out "FIVE" and
9 inserting

10 15

11 Amend Bill, page 125, line 4, by striking out the comma after
12 "PERSON" and inserting

13 or

14 Amend Bill, page 125, line 5, by striking out "OR THE COVERED
15 PERSON'S TREATING PROVIDER"

16 Amend Bill, page 125, line 17, by striking out "OPTION"

17 Amend Bill, page 129, line 25, by striking out the comma
18 after "PERSON" and inserting

19 or

20 Amend Bill, page 129, line 26, by striking out "OR THE
21 COVERED PERSON'S TREATING PROVIDER"

22 Amend Bill, page 131, line 13, by striking out "REASON" where
23 it occurs the second time and inserting

24 reasons

25 Amend Bill, page 131, line 28, by inserting after "ADVERSE"
26 where it occurs the first time

27 benefit determinations

28 Amend Bill, page 132, line 22, by striking out "CERTIFICATES"
29 and inserting

30 certifies

1 Amend Bill, page 133, line 3, by striking out "SUBSECTION
2 (B)" and inserting
3 section 2164.5(b)
4 Amend Bill, page 133, line 19, by striking out "(3)" and
5 inserting
6 (4)
7 Amend Bill, page 133, line 21, by striking out "PARAGRAPH
8 (2)" and inserting
9 section 2164.5(b)
10 Amend Bill, page 133, line 30, by striking out "(4)" and
11 inserting
12 (5)
13 Amend Bill, page 133, line 30, by striking out "UNDER
14 PARAGRAPH (2)" and inserting
15 that the expedited external review request meets the
16 reviewability requirements of subsection (b)(2)
17 Amend Bill, page 136, line 30, by inserting a comma after
18 "REPRESENTATIVE"
19 Amend Bill, page 137, line 6, by inserting a comma after
20 "REPRESENTATIVE"
21 Amend Bill, page 137, line 12, by inserting a comma after
22 "REPRESENTATIVE"
23 Amend Bill, page 138, line 3, by striking out "(C)" and
24 inserting
25 (a)(4) or (c)(4)
26 Amend Bill, page 139, line 1, by striking out "2611.1" and
27 inserting
28 2164.10
29 Amend Bill, page 139, line 6, by inserting a comma after
30 "INSURER"

Amend Bill, page 139, line 10, by striking out "(E)" and inserting

(h)

Amend Bill, page 140, line 13, by inserting after "REPRESENTATIVE"

in response to the notice provided

Amend Bill, page 143, line 24, by striking out "WITHIN" and inserting

Except as required under section 2164.6(e) for an expedited external review, within

Amend Bill, page 144, line 23, by striking out "OPINION" and inserting

opinions

Amend Bill, page 146, line 9, by striking out "SUBARTICLE" and inserting

subdivision

Amend Bill, page 146, line 13, by inserting after "UNDER" section 2162 or

Amend Bill, page 146, line 17, by inserting after "UNDER" section 2162 or

Amend Bill, page 146, line 23, by striking out "2611.1" and inserting

2164.10

Amend Bill, page 147, line 3, by inserting after "UNDER" section 2162 or

Amend Bill, page 147, line 30, by striking out "PERIODICALLY" and inserting

annually

Amend Bill, page 147, line 30, by inserting after "IROS" and their fees

Amend Bill, page 148, lines 14 and 15, by striking out

1 "SECTIONS 2162, 2162.6 AND 2162.7" and inserting
2 section 2162 and this subdivision
3 Amend Bill, page 148, line 30, by striking out "SUBDIVISION"
4 and inserting
5 article
6 Amend Bill, page 150, line 9, by inserting after "OR" where
7 it occurs the third time
8 a national, state or local trade association of
9 Amend Bill, page 150, line 13, by striking out "SECTIONS
10 2162, 2162.6 OR 2162.7" and inserting
11 section 2164.9
12 Amend Bill, page 152, line 12, by inserting after "UNDER"
13 section 2162 or
14 Amend Bill, page 152, line 17, by inserting after "UNDER"
15 section 2162 or
16 Amend Bill, page 153, line 4, by inserting after "THE"
17 grievance decision,
18 Amend Bill, page 153, line 6, by inserting after "THE"
19 grievance decision,
20 Amend Bill, page 153, line 29, by striking out "SUBARTICLE"
21 and inserting
22 subdivision
23 Amend Bill, page 155, line 14, by striking out ", 2181 AND
24 2182" and inserting
25 and 2181
26 Amend Bill, page 155, line 16, by inserting a bracket before
27 "(A) "
28 Amend Bill, page 155, line 16, by striking out the bracket
29 before "A"
30 Amend Bill, page 155, lines 16 and 17, by striking out "] AN"

1 Amend Bill, page 155, line 17, by striking out the bracket
2 before "A"

3 Amend Bill, page 155, line 17, by striking out "] MA OR CHIP"

4 Amend Bill, page 155, line 18, by striking out "OR COVERED
5 PERSON"

6 Amend Bill, page 155, line 20, by striking out the bracket
7 before "A" where it occurs the first time

8 Amend Bill, page 155, line 20, by striking out "] AN"

9 Amend Bill, page 155, line 20, by striking out the bracket
10 before "A" where it occurs the second time

11 Amend Bill, page 155, line 20, by striking out "] MA OR CHIP"

12 Amend Bill, page 155, line 25, by striking out the bracket
13 before "LICENSED"

14 Amend Bill, page 155, line 25, by striking out the bracket
15 after "LICENSED"

16 Amend Bill, page 155, line 26, by striking out "MA OR CHIP"

17 Amend Bill, page 155, line 27, by inserting after "DOLLARS."

18] (a) An insurer plan shall pay a clean claim submitted by a
19 health care provider or covered person within forty-five (45)
20 days of receipt of the clean claim.

21 (a.1) An MA or CHIP managed care plan shall pay a clean
22 claim submitted by a health care provider within forty-five (45)
23 days of receipt of the clean claim.

24 (b) If an insurer fails to remit the payment as provided
25 under subsection (a), interest at ten per centum (10%) per annum
26 shall be added to the amount owed on the clean claim. Interest
27 shall be calculated beginning the day after the required payment
28 date and ending on the date the claim is paid. The insurer shall
29 not be required to pay any interest calculated to be less than
30 two (\$2) dollars.

31 Amend Bill, page 156, line 7, by inserting after "PERSONS"
32 or

Amend Bill, page 156, line 8, by inserting after "PERSONS"

or enrollees

Amend Bill, page 156, line 24, by inserting after "REQUEST,"

notwithstanding section 2181.1, may be used

Amend Bill, page 156, line 26, by inserting after "COMPILE"

aggregate

Amend Bill, page 157, line 21, by inserting a bracket before

"THE"

Amend Bill, page 157, line 22, by inserting after "ASSEMBLY"

] the chairperson and minority chairperson of the Banking and Insurance Committee of the Senate and the chairperson and minority chairperson of the Insurance Committee of the House of Representatives

Amend Bill, page 157, line 23, by inserting a bracket before the period after "ARTICLE"

Amend Bill, page 157, line 23, by inserting after "ARTICLE."

], including the aggregate data the department has compiled under subsection (b).

Section 8.1. The act is amended by adding a section to read:

Section 2181.1. Confidentiality.--(a) All records, documents, data, materials and copies of records, documents, data and materials in the possession or control of the department that are produced by, obtained by or disclosed to the department under section 2181 shall be privileged and:

(1) shall not be subject to discovery or admissible in evidence in a private civil action;

(2) shall not be subject to subpoena;

(3) shall be exempt from access under the act of February 14, 2008 (P.L.6, No.3), known as the "Right-to-Know Law"; and

(4) shall not be made public by the department or any other person, except to the regulatory or law enforcement officials of other jurisdictions, without the prior written consent of the insurer or the MA or CHIP managed care plan to which the records, documents, data or materials pertain.

(b) The department or any other person that receives records, documents, data, materials and copies of records, documents, data and materials while acting under the authority of the department or with whom the records, documents, data, materials and copies of records, documents, data and materials are shared under section 2181 may not be permitted or required to testify in a private civil action concerning the records,

1 documents, data, materials and copies of records, documents,
2 data and materials.

3 (c) The department may aggregate the data it receives
4 through the records, documents, data, materials and copies of
5 records, documents, data and materials described in subsections
6 (a) and (b) and release the aggregated data for the purpose of
7 complying with section 2181(b). The aggregated data shall not
8 include any information that could reveal the identity of
9 covered persons, enrollees, health care providers, insurers or
10 MA or CHIP managed care plans.

11 Section 8.2. Section 2182 of the act is amended to read: