House File 2399

H-8080

1 Amend House File 2399 as follows:
2 1. Page 1, line 18, after <equipment.> by inserting <*"Health*
3 *care services"* does not include prescription drugs or dental
4 care services as that term is defined in section 514J.102.>
5 2. Page 2, by striking lines 8 through 11 and inserting:
6 <*i. "Utilization review"* means the same as defined in
7 section 514F.4, subsection 3.>
8 3. Page 2, by striking lines 18 and 19 and inserting:
9 <2. *a.* A utilization>
10 4. Page 2, after line 27 by inserting:
11 <___. Paragraphs *"a"* and *"b"* shall not apply in any of the
12 following circumstances:
13 (1) The health care provider or the covered person committed
14 fraud, waste, or abuse.
15 (2) The health care provider or the covered person provided
16 inaccurate information that the utilization review organization
17 relied on for the utilization review organization's prior
18 authorization determination.
19 (3) On the date that the health care service was provided by
20 the health care provider to the covered person per the prior
21 authorization, the health care service was no longer a benefit
22 covered by the covered person's health benefit plan.
23 (4) On the date that the health care service was provided
24 by the health care provider to the covered person per the
25 prior authorization, the health care provider was no longer
26 contracted with the health carrier that provides the covered
27 person's health benefit plan.
28 (5) The health care provider failed to meet the health
29 carrier's requirements related to timely filing of claims for
30 submission of a claim for the health care service provided by
31 the health care provider to the covered person per the prior
32 authorization.
33 (6) Due to coordination of benefits, the health carrier
34 does not have liability for a claim for the health care service
35 provided by the health care provider to the covered person per

1 a prior authorization.
2 (7) On the date that the health care service was provided
3 by the health care provider to the covered person per the
4 prior authorization, the covered person was no longer a
5 participant in the health benefit plan in which the covered
6 person participated on the date that the prior authorization
7 was received by the health care provider.>
8 5. By renumbering, redesignating, and correcting internal
9 references as necessary.

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ANDREWS of Polk