

Amendment No.

CHAMBER ACTION

Senate

House

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1 Representative Boyd offered the following:

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3 **Amendment (with title amendment)**

4 Remove lines 765-801 and insert:

5 (b) Medical care coverage benefits paid pursuant to this  
6 section are overdue if not paid within 30 days after the insurer  
7 is furnished written notice of the fact and amount of a covered  
8 loss. However:

9 1. If such written notice is not furnished to the insurer  
10 as to the entire claim, any partial amount supported by the  
11 written notice is overdue if not paid within 30 days after the  
12 written notice is furnished to the insurer. Any part or all of  
13 the remainder of the claim that is subsequently supported by the  
14 written notice is overdue if not paid within 30 days after the  
15 written notice is furnished to the insurer.

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16        2. If an insurer pays only a portion of a claim or rejects  
17 a claim, the insurer shall provide at the time of the partial  
18 payment or rejection an itemized specification of each item that  
19 the insurer had reduced, omitted, or declined to pay and any  
20 information that the insurer desires the claimant to consider  
21 related to the medical necessity of the denied treatment or to  
22 explain the reasonableness of the reduced charge; however, this  
23 does not limit the introduction of evidence at trial. The  
24 insurer shall include the name and address of the person to whom  
25 the claimant should respond and a claim number to be referenced  
26 in future correspondence.

27        3. If an insurer pays only a portion of a claim or rejects  
28 a claim due to an alleged error in the claim, the insurer shall  
29 provide at the time of the partial payment or rejection an  
30 itemized specification or explanation of benefits of the  
31 specified error. Upon receiving the specification or  
32 explanation, the person making the claim has, at the person's  
33 option and without waiving any other legal remedy for payment,  
34 15 days to submit a revised claim, and the revised claim shall  
35 be considered a timely submission of written notice of a claim.

36        4. Notwithstanding the fact that written notice has been  
37 furnished to the insurer, a payment may not be deemed overdue  
38 when the insurer has reasonable proof to establish that the  
39 insurer is not responsible for the payment.

40        5. For the purpose of calculating the extent to which any  
41 benefits are overdue, payment shall be considered made on the  
42 date a draft or other valid instrument that is equivalent to  
43 payment was placed in the United States mail in a properly

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44 addressed, postpaid envelope or, if not so posted, on the date  
45 of delivery.

46 6. This paragraph does not preclude or limit the ability  
47 of the insurer to assert that the claim was unrelated, was not  
48 medically necessary, or was unreasonable or that the amount of  
49 the charge was in excess of that permitted under, or in  
50 violation of, subsection (5). Such assertion by the insurer may  
51 be made at any time, including after payment of the claim or  
52 after the 30-day time period for payment set forth in this  
53 paragraph.

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56 **T I T L E A M E N D M E N T**

57 Remove line 55 and insert:

58 circumstances; requiring that an insurer provide a  
59 claimant an opportunity to revise claims that contain  
60 errors; specifying when benefits are overdue;