SHB 2642 - H AMD **1242**
By Representative Davis

ADOPTED 02/14/2020

On page 3, line 22, after "shall" strike "determine" and insert "document to the health plan"

On page 3, line 27, after "(b)" insert "Nothing in this section prevents a health carrier from denying coverage based on insurance fraud.

(c)"

Renumber the remaining subsection consecutively and correct any internal references accordingly.

On page 6, line 22, after "shall" strike "determine" and insert "document to the health plan"

On page 6, line 27, after "(b)" insert "Nothing in this section prevents a health carrier from denying coverage based on insurance fraud.

(c)"

Renumber the remaining subsection consecutively and correct any internal references accordingly.

On page 9, line 23, after "shall" strike "determine" and insert "document to the managed care organization"

On page 11, line 13, after "with" insert "the office of the insurance commissioner,"

On page 11, line 32, after "provider to" strike "health plans" and insert "fully insured health plans and managed care organizations"

On page 12, beginning on line 3, after "allowing" strike all material through "rate" on line 4 and insert "medicaid managed care organizations to pay an administrative rate and establishing the equivalent reimbursement mechanism for commercial health plans"

EFFECT: Requires that the provider document the patient's need for continuing care to the health plan, rather than having the provider determine the patient's need for continuing care. States that the provisions of the bill do not prohibit health carriers from denying coverage based on insurance fraud.

Requires that the Health Care Authority consult with the Office of the Insurance Commissioner in developing the action plan. Specifies that the protocols for initial notification to health plans apply to fully insured health plans and managed care organizations. Requires that the options for allowing health plans to pay an administrative rate for enrollees waiting for a transfer to lower acuity care apply to Medicaid managed care organizations and an equivalent reimbursement mechanism is to be established for commercial health plans.

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