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**HOUSE COMMITTEE AMENDMENTS**

2025 Regular Session

Amendments proposed by House Committee on Health and Welfare to Original House Bill No. 565 by Representative Spell

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1 AMENDMENT NO. 1

2 On page 1, line 14 after "healthcare provider." and before "Any violation" insert the  
3 following:

4 "However, this Section shall not prohibit a managed care organization from  
5 conducting required post-payment reviews and audits, and taking action as a result  
6 of such reviews and audits."

7 AMENDMENT NO. 2

8 On page 1, delete lines 20 and 21 in their entirety, and insert in lieu thereof the following:

9 "A. The department shall provide all known information about any health insurer or  
10 other third party that is legally liable for payment of all or part of a claim for  
11 healthcare services furnished under the Medicaid state plan to an"

12 AMENDMENT NO. 3

13 On page 2, delete line 1 in its entirety

14 AMENDMENT NO. 4

15 On page 2, line 4, change "five" to "two"

16 AMENDMENT NO. 5

17 On page 2, delete lines 5 through 18 in their entirety, and insert in lieu thereof the following:

18 "organization verifies the existence of any health insurer or other third party  
19 that is legally liable for payment of all or part of a claim for healthcare  
20 services furnished under the Medicaid state plan to an enrollee when the  
21 health insurer or other liable third party is not reflected on the Medicaid  
22 Eligibility Verification System, The notification shall include, at a  
23 minimum, all of the following information about the health insurer or other  
24 liable third party:

25 (a) The name, address, and phone number of the health insurer or  
26 other liable third party.

27 (b) The policyholder information, including the policyholder name,  
28 policy number, and group number.

29 (c) The scope of coverage, if the scope of coverage is limited.

30 (d)The effective date of coverage.

31 (e) Any other information required by the department.

32 (2) The department may promulgate rules and regulations or may include  
33 requirements in the Medicaid managed care organization manual, as are  
34 necessary for the implementation of this Section.

35 (3) The department shall cause the information contained in the notification  
36 to be reflected in the Medicaid Eligibility Verification System no later than  
37 three business days from receiving a notice pursuant to this Subsection."

1 AMENDMENT NO. 6

2 On page 3, delete lines 11 and 12 in their entirety and insert in lieu thereof the following:

3 "(2) The name, address, and phone number of the health insurer or other  
4 liable third party."

5 AMENDMENT NO. 7

6 On page 3, delete lines 15 through 28 in their entirety and insert in lieu thereof the following:

7 "(4) The effective date of coverage.  
8 (5) The scope of coverage, if the scope of coverage is limited."

9 AMENDMENT NO. 8

10 On page 4, delete lines 1 through 6, in their entirety

11 AMENDMENT NO. 9

12 On page 4, line 7, change "F." to "E."