

## SENATE AMENDMENTS TO SENATE BILL 153

By COMMITTEE ON HEALTH POLICY AND PUBLIC AFFAIRS

May 9

1 On page 1 of the printed bill, delete line 20 and insert:

2 “(4) An employee benefit plan, self-insured plan, managed care organization or group health  
3 plan, a third party administrator, fiscal intermediary or pharmacy benefit manager of the plan or  
4 organization, or other party that is, by statute, contract or agreement legally responsible for pay-  
5 ment of a claim for a health care item or service, may not deny a claim submitted by the”.

6 Delete lines 28 and 29 and insert:

7 “(5) An employee benefit plan, self-insured plan, managed care organization or group health  
8 plan, a third party administrator, fiscal intermediary or pharmacy benefit manager of the plan or  
9 organization, or other party that is, by statute, contract or agreement legally responsible for pay-  
10 ment of a claim for a health care item or service, must provide to the state Medicaid agency or  
11 prepaid managed care health services organization described in ORS 414.725, upon the request of the  
12 agency or contractor, the following information:”.

13 On page 2, line 2, after “plan” insert “or organization”.

14 In line 3, after “plan” insert “or organization”.

15 In line 4, delete “number” and insert “numbers” and after “plan” insert “or organization”.

16 Delete lines 16 and 17 and insert:

17 “(c) Make payments on claims submitted in accordance with paragraph (b) of this subsection  
18 directly to the custodial parent, to the provider or, if a claim is filed by the state Medicaid agency,  
19 directly to the state Medicaid agency.”.

20 On page 3, line 11, after “means” delete the rest of the line and lines 12 and 13 and insert “an  
21 employee benefit plan, self-insured plan, managed care organization or group health plan, a third  
22 party administrator, fiscal intermediary or pharmacy benefit manager of the plan or organization,  
23 or other party that is by statute, contract or agreement legally responsible for payment of a claim  
24 for a health care item or service.”

25 In line 24, after “agency” insert “, or a prepaid managed care health services organization de-  
26 scribed in ORS 414.725,”.

27 In line 32, delete “, upon the agency’s request” and insert “or a prepaid managed care health  
28 services organization, upon request”.

29 In line 37, delete “number” and insert “numbers”.

30 On page 4, line 5, after “or” delete the rest of the line and insert “, if a claim is filed by the  
31 state Medicaid agency or a prepaid managed health care services organization, directly to the  
32 agency or the organization.”.

33 In line 25, after “agency” insert “or a prepaid managed care health services organization de-  
34 scribed in ORS 414.725”.

35 In line 26, after “agency” insert “or organization”.

